2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021618

Entity Name: PREMIUM EXPRESS CARGO, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8408 NORTHWEST 66 STREET MIAMI, FL 33166

Current Mailing Address: New Mailing Address:

8408 NORTH WEST 66TH STREET 8408 NW 66 STREET MIAMI, FL 33166 MIAMI, FL 33166

FEI Number: 65-1000158 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 BAUR, HANS E
 BAUR, HANS E MR

 6006 NW 38 STREET
 6006 NW 38 STREET

 MIAMI, FL 33166
 US

 MIAMI, FL 33166
 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HANS BAUR 04/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition GONZALEZ, RUBEN SR GONZALEZ, RUBEN MR Name: Name: CALLE ARMANDO PACHECO #35 CALLE ARMANDO PACHECO #35 Address: Address: City-St-Zip: SANTO DOMINGO, SD DO City-St-Zip: SANTO DOMINGO, SD DO

Title: VP () Delete Title: VP (X) Change () Addition
Name: SALAZAR JOSE A SR Name: SALAZAR JOSE A MR

 Name:
 SALAZAR, JOSE A SR
 Name:
 SALAZAR, JOSE A MR

 Address:
 4525 WEST 20TH AVE
 Address:
 4525 WEST 20TH AVE

 City-St-Zip:
 HIALEAH, FL 33012 US
 City-St-Zip:
 HIALEAH, FL 33012 US

 Title:
 TD
 () Delete
 Title:
 TD
 (X) Change () Addition

 Name:
 CASTRO, PORFIRIO SR
 Name:
 CASTRO, PORFIRIO MR

 Address:
 CALLE MANUEL TRONCOSO # 75
 Address:
 CALLE MANUEL TRONCOSO # 75

 City-St-Zip:
 SANTO DOMINGO, SD DO
 City-St-Zip:
 SANTO DOMINGO, SD DO

Title: SD () Delete Title: () Change () Addition Name: ROMERO, ROMERYS MRS Name:

ROMERO, ROMERYS MRS Name:
CALLE PROYECTO 4 # 1 Address:
SANTO DOMINGO, SD DO City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBEN GONZALEZ PD 04/29/2008