2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021618

ROMERO, ROMERYS MRS

SANTO DOMINGO, SD DO

CALLE PROYECTO 4 # 1

Name:

Address:

City-St-Zip:

FILED Apr 22, 2009 Secretary of State

Entity Nar	me: PREMIU	M EXPRESS CARGO, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
8408 NORTHWEST 66 STREET MIAMI, FL 33166				1660 NW 95 AVE DORAL, FL 33172		
Current M	lailing Addre	ss:	New Maili	New Mailing Address:		
8408 NW 66 STREET MIAMI, FL 33166				1660 NW 95 AVE DORAL, FL 33172		
FEI Number:	: 65-1000158	FEI Number Applied For ()	FEI Number Not Appl	cable () Certificate of Status Des	ired()	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
BAUR, HA 6006 NW 3 MIAMI, FL	38 STREET		4757 NW 1	CHAPARRO, JUAN O MR 4757 NW 168 TERR MIAMI, FL 33055 US		
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	s registered office or registered ager	nt, or both,	
SIGNATURE: JUAN O. CHAPARRO				04/22/2009		
	Electro	nic Signature of Registered Age	ent	Date		
Election Car	npaign Financir	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GONZALEZ, R	IDO PACHECO # 35	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP (SALAZAR, JOS 4525 WEST 2 HIALEAH, FL	OTH AVE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition CHAPARRO, JUAN O MR 4757 NW 168 TERR MIAMI, FL 33055 US		
Title: Name: Address: City-St-Zip:	CASTRO, POF	EL TRONCOSO # 75	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	SD () Delete	Title:	() Change () Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JUAN O. CHAPARRO VΡ 04/22/2009