2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# P00000021618

Entity Name: PREMIUM EXPRESS CARGO, INC.

Current Principal Place of Business:

1660 NW 95 AVE
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

1660 NW 95 AVE
DORAL, FL 33172

New Mailing Address:

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

Name and Address of Current Registered Agent:

CHAPARRO, JUAN O MR
4757 NW 168 TERR
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: VP ( ) Delete
Name: CHAPARRO, JUAN O MR
Address: 4757 NW 168 TERR
City-St-Zip: MIAMI, FL 33055 US

Title: TD ( ) Delete
Name: CASTRO, PORFIRIO MR
Address: CALLE MANUEL TRONCOSO # 75
City-St-Zip: SANTO DOMINGO, SD DO

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: SALAZAR, JOSE ANDRES MR
Address: 4525 W 20TH AVE
City-St-Zip: HIALEAH, FL 33012 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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 06/16/2009

Electronic Signature of Signing Officer or Director — Date