


FILED
May 23, 2007 8:00 am
Secretary of State

04-25-2007 90160 015 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000027388 1. Entity Name TOWN XPRESS, INC.		
Principal Place of Business 14960 SW 9TH LANE MIAMI, FL 33194		Mailing Address 14960 SW 9TH LANE MIAMI, FL 33194
2. Principal Place of Business - No P.O. Box # Suits, Apt. #, etc.	3. Mailing Address Suits, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip
4. FEI Number 65-1095341		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ABRAMSON, EDWARD J 7270 N.W. 12TH STREET SUITE 580 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
8. 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. I am familiar with, and accept the obligations of registered agent.		SIGNATURE: <u><i>Y. Regla Maria Matas</i></u> <u>04/20/07</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MATAS, MARIA Y 14690 SW 9TH LANE MIAMI, FL 33194	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MATAS, ANA I 14960 SW 9TH LANE MIAMI, FL 33194	MANAGER MICHEL REGLA 14960 SW 9TH Ln. Miami - FL - 33194
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GIUSEPPE, SANTULLI 14960 S 9TH LANE MIAMI, FL 33194	TREASURER ERNESTO SANCHEZ 14960 SW 9TH Ln. Miami - FL - 33194
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u><i>Y. Regla Maria Matas</i></u> <u>04/20/07</u> <u>(254) 471.0075</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>		TITLE NAME STREET ADDRESS CITY - ST - ZIP