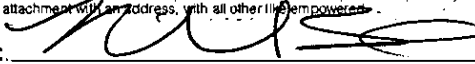


80113207

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000027943			
1. Entity Name XPRESS FREIGHT SERVICES, INC.			
Principal Place of Business 10125 NW 116TH WAY SUITE 16 MIAMI, FL 33178		Mailing Address 10125 NW 116TH WAY SUITE 16 MIAMI, FL 33178	
2. Principal Place of Business 2550 N. W 72 AVE		3. Mailing Address 2550 N. W 72 AVE	
Suite, Apt. #, etc. SUITE 108		Suite, Apt. #, etc. SUITE 108	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33122	Country U.S.A	Zip 33122	Country U.S.A
4. FEI Number 65-1099918		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent DE FREITAS, ANNETTE 10125 NW 116TH WAY SUITE 16 MIAMI, FL 33178		7. Name and Address of New Registered Agent Name Richard Teixeira Street Address (P.O. Box Number is Not Acceptable) 11551 SW 81 TERR City Miami FL Zip Code 33173	
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  DATE 2/25/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.)			
FILE NOW!! FEE IS \$150.00 After May 4, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State.		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P DE FREITAS, ANNETTE 14924 S.W. 142 PL MIAMI, FL 33186 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Richard Teixeira 11551 SW 81 TERR MIAMI FL 33173 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RICHARD, TEIXEIRA 11551 SW 81 TERRACE MIAMI, FL 33173 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ANNETTE DE FREITAS 14924 SW 142 PLACE MIAMI FL 33186 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerments.			
SIGNATURE:  DATE 2/25/03 DAYTIME PHONE # 591-0033		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	