

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040512

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: SOUTHERN EXPRESS SERVICES, INC.

## Current Principal Place of Business:

9069 EL PASO DRIVE  
LAKE WORTH, FL 33467

## New Principal Place of Business:

1614 OLIVE TREE CIRCLE  
GREENACRES, FL 33413

## Current Mailing Address:

9069 EL PASO DRIVE  
LAKE WORTH, FL 33467

## New Mailing Address:

1614 OLIVE TREE CIRCLE  
GREENACRES, FL 33413

FEI Number: 65-1099570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VIDELA, WALTER  
9069 EL PASO DRIVE  
LAKE WORTH, FL 33467 US

## Name and Address of New Registered Agent:

VIDELA, WALTER  
1614 OLIVE TREE CIRCLE  
GREENACRES, FL 33413 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: WALTER VIDELA

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: VIDELA, WALTER  
Address: 9069 EL PASO DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: DV (X) Delete  
Name: VIDELA, MONIQUE  
Address: 9069 EL PASO DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: VIDELA, WALTER  
Address: 1614 OLIVE TREE CIRCLE  
City-St-Zip: GREENACRES, FL 33413

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: WALTER VIDELA

DP

04/28/2009

Electronic Signature of Signing Officer or Director

Date