

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000045977

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: LONE STAR TRANSPORTATION AND COURIER, INC.

**Current Principal Place of Business:**

401 SW LEJEUNE ROAD  
SUITE 200  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

6 ARAGON AVENUE  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

P.O. BOX 21026  
FT. LAUDERDALE, FL 33335 US

**New Mailing Address:**

FEI Number: 80-0029546      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEMEO, RONALD F M.D.  
401 S.W. LEJEUNE ROAD  
SUITE 200  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

DEMEO, RONALD F M.D.  
6 ARAGON AVENUE  
CORAL GABLES, FL 33134 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:

02/16/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SULIVAN, LEO  
Address: P.O. BOX 21026  
City-St-Zip: FT. LAUDERDALE, FL 33335

Title: D ( ) Delete  
Name: DEMEO, RONALD F MD  
Address: P.O. BOX 21026  
City-St-Zip: FT. LAUDERDALE, FL 33335 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DR. RONALD F. DEMEO

D

02/16/2009

Electronic Signature of Signing Officer or Director

Date