

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 16, 2006 8:00 am
Secretary of State

05-04-2006 90195 013 ***150.00

DOCUMENT # P03000101230 1. Entity Name J. J. EXPRESS CARGO, INC.					
Principal Place of Business 5811 DEER LAKE DRIVE SAN ANTONIO, TX 78244			Mailing Address 5811 DEER LAKE DRIVE SAN ANTONIO, TX 78244		
2. Principal Place of Business 3618 ANDREA FIELDS		3. Mailing Address 3618 ANDREA FIELDS			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State CONVERSE, TX		City & State CONVERSE, TX		4. FEI Number 20-0232017	
Zip 78109		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, ILVIGIO 12420 SW 259TH ST. HOMESTEAD, FL 33032		7. Name and Address of New Registered Agent Name ILVIGIO HERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 3618 ANDREA FIELDS City CONVERSE, TX Zip Code 78109			
8. The above named entity submits this statement for this 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: ILVIGIO HERNANDEZ DATE: 2-17-2006 Signatures of all officers and directors of the corporation and the registered agent are required.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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 PD	NAME HERNANDEZ, ILVIGIO		TITLE PD	NAME HERNANDEZ, ILVIGIO	
STREET ADDRESS 12420 SW 259TH ST.	CITY-ST-ZIP HOMESTEAD, FL 33032		STREET ADDRESS 3618 ANDREA FIELDS	CITY-ST-ZIP CONVERSE, TEXAS 78109	
TITLE _____	NAME _____		TITLE HERNANDEZ ILVIGIO	NAME 312 OHIO RD	
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS LEHIGH ACRES, FL 33936	CITY-ST-ZIP _____	
TITLE _____	NAME _____		TITLE _____	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE _____	NAME _____		TITLE _____	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP _____	
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: ILVIGIO HERNANDEZ, PRES. DATE: 2/17/2006 (610) 446-0000 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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