2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2007 8:00 am Secretary of State

DOCUMENT # P0400007321 1. Entity Name ROAD KING EXPRESS, INC					03-21-2007 90035 045 ***150.00				
Principal Plac	e of Business	Mailing Address			1				
8100 WEST 18 LANE		8100 WEST 18 LANE							
HIALEAH, FL 33014		HIALEAH, FL 33014							
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address				. 8 î. 8			
2		Cuite Ant # sta			4				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02112007	Chg-P	CR2E034	(12/06)	
City & State		City & State		4. FEI Numbe	,		ΙΔn	plied For	
Ony & Olan	•	ony a state			20-0578				t Applicable
Zip	Country	Zip Coun		try			\$t	3.75 Add	<u> </u>
,	,	1			5. Certificate of	of Status Desired		e Required	
	6. Name and Address of Curren	7. Name and Address of New Registered Agent							
		Name							
FELIU MAURRASSE P.A.				0-11-1					
	H DIXIE HWY STE 110		Street Address (P.O. Box Number is Not Acceptable)						
CORAL G	ABLES, FL 33146								i
							-		
				City			FL	Zip Code	•
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.									
CYCNIATURE									
SIGNATURE									
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10. OFFICERS AND DIRECTORS 11.				ADDITIONS/0	CHANGES TO OFFI	ICERS AND D	IRECTORS	S IN 11	
TITLE	P □ Delete TITL			E				Change	☐ Addition
NAME	ERBITI, YENY DE		NAM	E				-	,
STREET ADDRESS	8100 WEST 18 LANE		STRE	ET ADDRESS					
CITY-ST-ZIP	HIALEAH, FL 33014 CIT		CITY	-ST-ZIP	_				
TITLE		☐ Delete	TITL	E				Change	☐ Addition
NAME			NAM	E					
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITL	E] Change	☐ Addition
NAME			NAM						
STREET ADDRESS				ET ADDRESS					
CITY+ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE	E				Change	☐ Addition
NAME			NAM	_					
STREET ADDRESS				ET ADORESS					
CITY-ST-ZIP			CIT	-ST-ZIP					
TITLE		☐ Delete	TITL					_ Change	☐ Addition
NAME STREET ADDRESS			NAM	E ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
		—	-		 			7 ^	□ kaam
TITLE		☐ Delete	TITL				Ĺ	☐ Change	Addition
NAME STREET ADDRESS	•		NAM	E Et adoress					
CITY-ST-ZIP				-ST-ZIP					
		de se la sitta di cara			d in Oha 410	Clasida Otatiano 1	f	that *= '-	formati
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									