

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048770

FILED
May 26, 2009
Secretary of State

Entity Name: ORI EXPEDITED LOGISTICS CO. INC.

Current Principal Place of Business:

19113 TIMBER PINE LN
ORLANDO, FL 32833 US

New Principal Place of Business:

13261 SILVER STRAND FALLS DR
ORLANDO, FL 32824 US

Current Mailing Address:

19113 TIMBER PINE LN
ORLANDO, FL 32833 US

New Mailing Address:

13261 SILVER STRAND FALLS DR
ORLANDO, FL 32824 US

FEI Number: 43-2046814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOAIZA, GABRIEL A
19113 TIMBER PINE LN
ORLANDO, FL 32833 US

Name and Address of New Registered Agent:

LOAIZA, GABRIEL A
13261 SILVER STRAND FALLS DR
ORLANDO, FL 32824 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: GABRIEL LOAIZA

05/26/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOAIZA, GABRIEL
Address: 19113 TIMBER PINE LN
City-St-Zip: ORLANDO, FL 32833 US

Title: VP () Delete
Name: FIGUEROA, JHON F
Address: 2409 PLACETAS CT
City-St-Zip: KISSIMMEE, FL 34743 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOAIZA, GABRIEL
Address: 13261 SILVER STRAND FALLS DR
City-St-Zip: ORLANDO, FL 32824 US

Title: VP (X) Change () Addition
Name: FIGUEROA, JHON F
Address: 13261 SILVER STRAND FALLS DR
City-St-Zip: ORLANDO, FL 32824 US

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: GABRIEL LOAIZA

P

05/26/2009

Electronic Signature of Signing Officer or Director

Date