# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 15, 2007**
**Secretary of State**

DOCUMENT# P04000060736

**Entity Name:** SOGEXPRESS, INC.

**Current Principal Place of Business:**

11843-45 W. DIXIE HIGHWAY
MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

11843-45 W. DIXIE HIGHWAY
MIAMI, FL 33161

**New Mailing Address:**

**FEI Number: 65-1226059** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

BIELER, LAWRENCE
ONE BISCAYNE TOWER
SUITE 3700 TWO SOUTH BISCAYNE BLVD
MIAMI, FL 33131 US

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

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: _____
Electronic Signature of Registered Agent Date

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

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete
Name: LANOIX, FRANCK
Address: 11843 WEST DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI, FL 33161

Title: VSD ( ) Delete
Name: POLICARD, DOMINIQUE
Address: 11843 WEST DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI, FL 33161

Title: D ( ) Delete
Name: BEHRMANN, FRANTZ
Address: 11843 WEST DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI, FL 33161

Title: D ( ) Delete
Name: JAAR, RAYMOND
Address: 11843 WEST DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI, FL 33161

Title: D ( ) Delete
Name: BOISSON, PIERRE MARIE
Address: 11843 WEST DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI, FL 33161

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: DOMINIQUE POLICARD VSD 01/15/2007
Electronic Signature of Signing Officer or Director Date