2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000060736

Entity Name: SOGEXPRESS, INC.

FILED Jan 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11843-45 W. DIXIE HIGHWAY MIAMI, FL 33161 **Current Mailing Address: New Mailing Address:** 11843-45 W. DIXIE HIGHWAY MIAMI, FL 33161 FEI Number: 65-1226059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BIELER, LAWRENCE ONE BISCAYNE TOWER SUITE 3700 TWO SOUTH BISCAYNE BLVD MIAMI, FL 33131 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LANOIX, FRANCK Name: Name: 11843 WEST DIXIE HIGHWAY Address: Address: City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip: Title: VSD Title: () Delete () Change () Addition Name: POLICARD, DOMINIQUE Name: 11843 WEST DIXIE HIGHWAY Address: Address: NORTH MIAMI, FL 33161 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition BEHRMANN, FRANTZ Name: Name: 11843 WEST DIXIE HIGHWAY Address: Address: City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip: Title: () Delete Title: () Change () Addition JAAR, RAYMOND Name: Name: Address: 11843 WEST DIXIE HIGHWAY Address: City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip: Title: Title: () Delete () Change () Addition BOISSON, PIERRE MARIE Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE:	DOMINIQUE POLICARD	VSD	01/29/2008

11843 WEST DIXIE HIGHWAY

NORTH MIAMI, FL 33161

Address: City-St-Zip: