2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000132386

Entity Name: LOAD X-PRESS GROUP, INC.

FILED Feb 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7392 NW 35 TER 7392 NW 35TH TERRACE STE 302 SUITE 302

MIAMI, FL 33122 MIAMI, FL 33122 US

Current Mailing Address: New Mailing Address:

P.O.BOX 650575 7392 NW 35TH TERRACE MIAMI, FL 33265 SUITE 302 MIAMI, FL 33122 US

FEI Number: 04-3797487 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:

SILVA'S ENTERPRISE, INC
9900 STIRLING RD
5220 S. UNIVERSITY DRIVE
STE 211
SUITE C-102

COOPER CITY, FL 33024 US DAVIE, FL 33328 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: FERNANDO SILVA 02/23/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

Title:

Title: PD (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 QUESADA, ROGER
 Name:
 QUESADA, ROGER PRES

 Address:
 12950 NW 9 LN
 Address:
 12950 NW 9TH LANE

 City-St-Zip:
 MIAMI, FL 33182
 City-St-Zip:
 MIAMI, FL 33182 US

Title: VD () Delete Title: VD (X) Change () Addition Name: CHACON, JAVIER VD CHACON, JAVIER VD

 Name:
 CHACON, JAVIER
 Name:
 CHACON, JAVIER VD

 Address:
 12635 SW 91 ST #105
 Address:
 1792 SYCAMORE TERRACE

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:
 WESTON, FL 33327 US

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: ROGER QUESADA PD 02/23/2006