## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 30, 2007 08:00 All Secretary of State DOCUMENT # P04000151368 1. Entity Name CONCORDE EXPRESS INC Principal Place of Business Mailing Address 1535 N.W. 44TH STREET MIAMI FL 33142 1535 N.W. 44TH STREET **MIAMI FL 33142** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 58-2684908 Not Applicable Ζıp Country Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSS, PHILOMAE 1535 N.W. 44TH STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33142** City Zip Code FL 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 | 1 am familiar with, and accept the obligations of registored agent. SIGNATURE Signature, typed or printed name of registered agent and title i applicable. (NOTE: Registered Agent signature reduced when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 lim Delete 1010■ Addition ROSS, PHILOMAE G MS NAME NAME 1535 N.W. 44TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-/IP CHY-SI-7IP HILE Delete HIL ☐ Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-70P CHY-ST-7P U00000747069 □ Change ☐ Addition mit Deielo HIII NAME 05/17/07-80011-025 158.75 STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY-S1-ZIP IIII. Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-S1-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**FILED**