

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90026 011 ***150.00

DOCUMENT # P05000049645

1. Entity Name
MED EXPRESS TRANSPORTATION SERVICES, INC.



Principal Place of Business
**848 BRICKELL AVE STE 1130
MIAMI, FL 33131**

Mailing Address
**848 BRICKELL AVE STE 1130
MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box #
1809 NE 2nd Ave
Suite, Apt. #, etc.

3. Mailing Address
1809 NE 2nd Ave
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33132

Country
USA

Zip
33132

Country
USA

02192007

Chg-P

CR2E034 (12/06)

4. FEI Number
20-2228284

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DURAN, LAWRENCE S
848 BRICKELL AVE STE 1130
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **Duran, Lawrence S**
Street Address (P.O. Box Number is Not Acceptable)
1809 NE 2nd Ave
City **Miami** FL Zip Code **33132**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DURAN, LAWRENCE S**
STREET ADDRESS **348 BRICKELL AVE, STE 1130**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Duran, Lawrence S**
STREET ADDRESS **1809 NE 2nd Ave**
CITY-ST-ZIP **Miami, FL 33132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 7 0 7

Date

305-416-6193

Daytime Phone #