## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 24, 2007 08:00 AM **Secretary of State** DOCUMENT # P05000103945 WESTERN'S FLORIDA EXPRESS, INC. Principal Place of Business Mailing Address 1135 SW 96TH AVENUE 1135 SW 96TH AVENUE MIAMI, FL 33174 MIAMI, FL 33174 07192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3206838 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERNANDEZ OCHOA, NOEL R DO NOT WRITE 1135 SW 96TH AVENUE MIAMI, FL 33174 IN THIS SPACE 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 *U*000000770157 24/07-80004-020 150.00 ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 14, 2007 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. FERNANDEZ OCHOA, NOEL R NAME STREET ADDRESS 1135 SW 96TH AVENUE MIAMI, FL 33174 CITY-ST-ZIP FERNANDEZ OCHOA, NOEL R NAME 1135 SW 96TH AVENUE STREET ADDRESS MIAMI, FL 33174 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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: \_

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**