

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90083 037 ***150.00

DOCUMENT # P05000112279

1. Entity Name
AARON EXPRESS, INC



Principal Place of Business
**4840 NW 191ST STREET
MIAMI, FL 33055**

Mailing Address
**4840 NW 191ST STREET
MIAMI, FL 33055**

40062965



2. Principal Place of Business - No P.O. Box #
3701 Island Drive
Suite, Apt. #, etc.

3. Mailing Address
3701 Island Drive
Suite, Apt. #, etc.

04112007 Chg-P CR2E034 (12/06)

City & State
Miramar, FL

City & State
Miramar FL

4. FEI Number
84-1689494

Applied For
Not Applicable

Zip
33023 Country
USA

Zip
33023 Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RAMOS, MILBER
4840 NW 191ST STREET
MIAMI, FL 33055**

7. Name and Address of New Registered Agent

Name
Ramos Milber

Street Address (P.O. Box Number is Not Acceptable)

3701 Island Drive

City
Miramar

FL

Zip Code
33023

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 **Milber Ramos**
Signature, typed or printed name of registered agent and title (if applicable)

[Handwritten Signature]

(NOTE: Registered Agent signature required when reinstating)

04/11/07
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RAMOS, MILBER
4840 NW 191ST STREET
MIAMI, FL 33055** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Ramos Milber
3701 Island Drive
Miramar, FL 33023** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 empowers.

SIGNATURE: **Milber Ramos**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/07 786-400-4188
Date Daytime Phone #