2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000112303

City-St-Zip:

MIAMI, FL 33175

FILED Apr 17, 2007 Secretary of State

Entity Name: EXPRESS PICK-UP & DELIVERY, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
12785 SW MIAMI, FL			1348 NW 78 AVE MIAMI, FL 33126 U	JS	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
12785 SW MIAMI, FL			1348 NW 78 AVE MIAMI, FL 33126 U	JS	
FEI Number:	71-1003201	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
GALINDO, 12785 SW MIAMI, FL	19 ST		GALINDO, MARIA E 1348 NW 78 AVE MIAMI, FL 33126 U	JS	
The above in the State		submits this statement for the pur	pose of changing its registere	d office or registered agent, or both,	
SIGNATURE: MARIA E. GALINDO				04/17/2007	
Election Can		nic Signature of Registered Agent g Trust Fund Contribution ().		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (GALINDO, MAF 12785 SW 19 MIAMI, FL 331	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (GALINDO, DAN 12785 SW 19 MIAMI, FL 331	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (GALINDO, MAI 12785 SW 19 MIAMI, FL 331	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TD (GALINDO, MAI 12785 SW 19		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: MARIA E. GALINDO SD 04/17/2007