

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116286

FILED  
Apr 20, 2008  
Secretary of State

Entity Name: FIRST CLASS TRANSPORTATION SERVICES, INC.

## Current Principal Place of Business:

10512 GALLERIA ST.  
WELLINGTON, FL 33414

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 212542  
ROYAL PALM BEACH, FL 33421

## New Mailing Address:

10512 GALLERIA ST.  
WELLINGTON, FL 33414

FEI Number: 20-3334693

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LATALLADI, EDWIN J  
10512 GALLERIA ST.  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LATALLADI, SONIA N  
Address: 10512 GALLERIA ST.  
City-St-Zip: WELLINGTON, FL 33414

Title: V ( ) Delete  
Name: LATALLADI, EDWIN J  
Address: 10512 GALLERIA ST.  
City-St-Zip: WELLINGTON, FL 33414

Title: S ( ) Delete  
Name: LATALLADI, EDWIN J  
Address: 10512 GALLERIA ST.  
City-St-Zip: WELLINGTON, FL 33414

Title: T ( ) Delete  
Name: LATALLADI, EDWIN J  
Address: 10512 GALLERIA ST.  
City-St-Zip: WELLINGTON, FL 33414

Title: DIR ( ) Delete  
Name: LATALLADI, SONIA N  
Address: 10512 GALLERIA ST.  
City-St-Zip: WELLINGTON, FL 33414

Title: DIR ( ) Delete  
Name: LATALLADI, EDWIN J  
Address: 10512 GALLERIA ST.  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LATALLADI, EDWIN J  
Address: 10512 GALLERIA ST.  
City-St-Zip: WELLINGTON, FL 33414

Title: V (X) Change ( ) Addition  
Name: LATALLADI, SONIA N  
Address: 10512 GALLERIA ST.  
City-St-Zip: WELLINGTON, FL 33414

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: EDWIN J. LATALLADI

P

04/20/2008

Electronic Signature of Signing Officer or Director

Date