

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000140258

FILED
Jan 17, 2008
Secretary of State

Entity Name: GLADES EXPRESS MULTI-SERVICES, INC.

Current Principal Place of Business:

612 SOUTH MAIN STREET
BELLE GLADE, FL 33430

New Principal Place of Business:

141 SOUTH MAIN ST
SUITE 211
BELLE GLADE, FL 33430

Current Mailing Address:

612 SOUTH MAIN STREET
BELLE GLADE, FL 33430

New Mailing Address:

141 SOUTH MAIN ST
SUITE 211
BELLE GLADE, FL 33430

FEI Number: 20-3654641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUEDA, MILAGROS E
11297 56TH PLACE NORTH
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

LARIOS, ELISA
14530 US HWY 441 NORTH
CANAL POINT, FL 33438 US

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: MILAGROS E. RUEDA RODRIGUEZ

01/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUEDA-RODRIGUEZ, MILAGROS E
Address: 11297 56TH PALCE NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP () Delete
Name: RODRIGUEZ, LUIS
Address: 11297 56TH PL N
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LARIOS, ELISA
Address: 14530 US HWY 441 NORTH
City-St-Zip: CANAL POINT, FL 33438

Title: VP (X) Change () Addition
Name: LARIOS, JAIRO D
Address: 14530 US HWY 441 NORTH
City-St-Zip: CANAL POINT, FL 33438

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: ELISA LARIOS

P

01/17/2008

Electronic Signature of Signing Officer or Director

Date