



Jan 28
Sec

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000042417		
1. Entity Name CONQUEST EXPRESS SERVICES, INC.		
Principal Place of Business 14100 PALMETTO FRT RD 204 MIAMI LAKES, FL 33016	Mailing Address 14100 PALMETTO FRT RD 204 MIAMI LAKES, FL 33016	
DO NOT WRITE IN THIS SPACE		
01242008 No Chg-P CR2E034 (11/05)		
4. FEI Number NOT APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DUNKLEY, LINDSAY G 14100 PALMETTO FRT RD 201 MIAMI LAKES, FL 33016		
DO NOT WRITE 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 agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	DOMINGUEZ, YANET	
STREET ADDRESS	14100 PALMETTO FRT RD # 204	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
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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: _____ (Signature and Typed or Printed Name of Signing Officer or Director) Date _____ Daytime Phone # _____		