


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P06000062734 1. Entity Name AMAZONAS CARGO EXPRESS, INC.	
---	---

Principal Place of Business 8409 NW 68 ST MIAMI, FL 33166	Mailing Address 8409 NW 68 ST MIAMI, FL 33166
---	---

DO NOT WRITE IN THIS SPACE

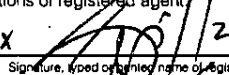


04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4820527	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOOR, LUISA P 3922 ADRA AVE DORAL, FL 33178	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  DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	U00000309049 05/06/08-80054-023 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEVILLA, XAVIER E 3922 ADRA AVE DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOOR, LUISA P 3922 ADRA AVE DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEVILLA, ANITA P 9949 COSTA DEL SOL BLVD. DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 	4/14/2008	786-227-2033
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>