

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 20, 2009
Secretary of State**

DOCUMENT# P06000082595

Entity Name: FX TRANSPORT, INC.

Current Principal Place of Business:

11886 NW 24TH STREET
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

11886 NW 24TH STREET
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 13-3533995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIGUEROA, FELIX A
11886 NW 24TH STREET
CORAL SPRINGS, FL 33065 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

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: FIGUEROA, FELIX A OFFICER
Address: 11886 NW 24TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MR. () Delete
Name: SANDEZ, MISLAY OFFICER
Address: 11886 NW 24TH ST.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MR. () Delete
Name: SANTANILLA, ALEXIS OFFICER
Address: 11886 NW 24TH ST.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MR. () Delete
Name: SANCHEZ, GERMAN OFFICER
Address: 11886 NW 24TH ST.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MR () Delete
Name: CRESPO, LUIS A OFFICER
Address: 11886 NW 24TH ST.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MR () Delete
Name: SANTANILLA, JUAN P OFFICER
Address: 11886 NW 24 ST
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

Title: MR (X) Change () Addition
Name: SANDERS, HENRY P OFFICER
Address: 11886 NW 24 ST
City-St-Zip: CORAL SPRINGS, FL 33065

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: FELIX FIGUEROA

P

06/20/2009

Electronic Signature of Signing Officer or Director

_____ Date