

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000100023

Entity Name: PASSING THRU EXPRESS INC

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

18641 SW 297 TERRACE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

18641 SW 297 TERRACE
HOMESTEAD, FL 33030

New Mailing Address:

PO BOX 695213
MIAMI, FL 33269

FEI Number: 20-5292371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, CARTWRIGHT
18641 SW 197 TERRACE
HOMESTEAD, FL 33030 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 ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, CARTWRIGHT
Address: 18641 SW 297 TERRACE
City-St-Zip: HOMESTEAD, FL 33030

Title: VP () Delete
Name: JONES, ALLAN W OKAYA
Address: 18641 SW 297 TERRACE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JONES, CARTWRIGHT
Address: PO BOX 695213
City-St-Zip: MIAMI, FL 33269

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: CARTWRIGHT JONES

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date