
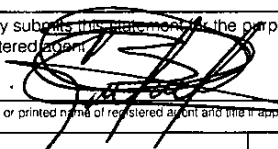



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90043 029 ***150.00

DOCUMENT # P06000118519 1. Entity Name ROAD EXPRESS SERVICES INC.					
Principal Place of Business 7205 NW 173 DRIVE SUITE 606 MIAMI, FL 33015			Mailing Address 7205 NW 173 DRIVE SUITE 606 MIAMI, FL 33015		
2. Principal Place of Business - No P.O. Box # 20620 NW 12 COURT		3. Mailing Address 20620 NW 12 COURT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI GARDENS, FL		City & State MIAMI GARDENS, FL		4. FEI Number 20-5550324	
Zip 33169		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LLAURADO, RAMON 10540 NW 26 STREET SUITE 103 DORAL, FL 33172		7. Name and Address of New Registered Agent Name GUERRERO, ELIAS Street Address (P.O. Box Number is Not Acceptable) 20620 NW 12 COURT City MIAMI GARDENS FL Zip Code 33169			
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 3/13/08					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUERRERO, ELIAS 7205 NW 173 DRIVE APT. 606 MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	20620 NW 12 COURT MIAMI GARDENS, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PARRA, JENNY 7205 NW 173 DRIVE APT. 606 MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STELLA FONSECA 20620 NW 12 COURT MIAMI GARDENS, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 amendments, with all other like empowered.					
SIGNATURE:  DATE 3/13/08					
SIGNATURE AND ADDRESS OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR					