2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000013512

Entity Name: H&D EXPRESS SERVICES, INC.

FILED Aug 31, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Princip	al Place of Business:	New Princip	al Place of Business

9734 HAMMOCKS BLVD APT 13-204 9734 HAMMOCKS BLVD APT 204

MIAMI, FL 33196 MIAMI, FL 33196

Current Mailing Address: New Mailing Address:

9734 HAMMOCKS BLVD 9734 HAMMOCKS BLVD

APT 13-204 APT 204 MIAMI, FL 33196 APT 204 MIAMI, FL 33196

FEI Number: 26-1908064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OLIVARES, DARYELIS
9734 HAMMOCKS BLVD
APT 13-204
MIAMI, FL 33196 US

OLIVARES, DARYELIS
9734 HAMMOCKS BLVD
APT 204
MIAMI, FL 33196 US

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: 08/31/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

P () Delete Title: P (X) Change () Addition

Name: OLIVARES, DARYELIS Name: OLIVARES, DARYELIS

Address: 9734 HAMMOCKS BLVD APT. 13-204 Address: 9734 HAMMOCKS BLVD APT. 204

City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196

Name: DELGADO, HUMBERTO A Name: DELGADO, HUMBERTO A Address: 9734 HAMMOCKS BLVD APT 13-204 Address: 9734 HAMMOCKS BLVD APT 204

City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196

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: DARYELIS OLIVARES MRS 08/31/2009