2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 29, 2008 8:00 am
Secretary of State
01-29-2008 90019 029 ***163.75

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1. Entity Name
TRANSOCEANIC EXPRESS SERVICES, INC.

Principal Place of Business	Mailing Address
1770 SW 8TH ST MIAMI, FL 33135	1770 SW 8TH ST MIAMI, FL 33135

400126 46

01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0505703
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASTILLO B, ALVARO ESQ
SCHMACHETENBERG & CASTILLO
1533 SUNSET DR SUITE 201
MIAMI, FL 33143

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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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RUIZ, ROBERTO
STREET ADDRESS	1770 SW 8TH ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	RUIZ, ENRIQUE
STREET ADDRESS	1770 SW 8TH ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	RUIZ, EDUARDO
STREET ADDRESS	1770 SW 8TH ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	RUIZ, HORACIO
STREET ADDRESS	1770 SW 8TH ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	RUIZ, JOSE
STREET ADDRESS	7764 S.W. 157 AVE
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1-20-08 305-649-1102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #