2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000053002

Address:

City-St-Zip:

7764 S.W. 157 AVE

MIAMI, FL 33193

Entity Name: TRANSOCEANIC EXPRESS SERVICES, INC.

FILED Mar 16, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
1770 SW 8 MIAMI, FL				
Current Mailing Address:			New Mailing Address:	
1770 SW 8 MIAMI, FL				
FEI Number	: 65-0505703	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
SCHMACH 1533 SUN) B, ALVARO E HETENBERG & ISET DR SUIT 33143 US	& CASTILLO		
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,
SIGNATUI	RE:			
	Electron	ic Signature of Registered Age	ent	Date
Election Car	mpaign Financing	Trust Fund Contribution (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () RUIZ, ROBERT 1770 SW 8TH 3 MIAMI, FL 331	ST	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () RUIZ, ENRIQUE 1770 SW 8TH 8 MIAMI, FL 331	ST	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () RUIZ, EDUARD 1770 SW 8TH S MIAMI, FL 331	ST	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () RUIZ, HORACIO 1770 SW 8TH S MIAMI, FL 331	ST	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	D () RUIZ, JOSE	Delete	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: ROBERTO RUIZ D 03/16/2009