

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90017 017 ***150.00

DOCUMENT # P96000055934

1. Entity Name
LAND EXPRESS TRANSPORT SERVICES, INC.



Principal Place of Business
LAND EXPRESS TRANSPORT SERVICES
2400 NW 46 STREET
MIAMI, FL 33142 US

Mailing Address
3353 SW 5ST
R
MIAMI, FL 33135 US

40000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3363 SW 5 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182008

Chg-P

CR2E034 (12/06)

City & State

City & State
MIAMI FLA.

4. FEI Number

65-0691889

Applied For

Not Applicable

Zip

Country

Zip
33135

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, JR. G
3353 SW 5 ST
R
MIAMI, FL 33135

Name

Street Address (P.O. Box Number is Not Acceptable)

3363 SW 5 STREET

City

MIAMI

FL

Zip Code

33135

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
SANCHEZ, GUILLERMO JR
3353 SW 5 ST
MIAMI, FL 33135

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3363 SW 5 STREET
MIAMI FLA.

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/08 **305-7969696**