2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P98000007496 06-02-2006 90002 047 ***150.00 JAC ÉXPRESS, INC. Principal Place of Business Mailing Address **4032 PINE RIDGE LANE** PO BOX 267274 **30020378** WESTON, FL 33326 WESTON, FL 33331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 65-0807627 Not Applicable Ζlp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONTOYA, MARTA 4032 PINE RIDGE LN Street Address (P.O. Box Number is Not Acceptable) WESTON, FL 33331 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Ρ Delete TITLE Change ☐ Addition CASTRO, LUIS A NAME NAME 4032 PINE RIDGE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON, FL. 33331 CITY-ST-ZIP DVP Delete TITLE TITLE ☐ Change Addition MONTOYA, MARTA NAME NAME STREET ADORESS 4032 PINE RIDGE LANE STREET ADDRESS Pine Ridge Lane WESTON, FL 33331 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing dies not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and occurate 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 of 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 and 02.07.06 SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jun 02, 2006 8:00 am



Brokerage and Trucking services.

To Whom It May Concern:

This letter is to inform that we did not get the Annual Report Notice Card. Therefore, we need you to please waive the penalty of late fee. Please revise our records; we have always been on time for all our duties with our State. In this envelope we are sending the appropriate check and form to cover the cost of the annual report.

We really appreciate your help and the attention given to this matter.

In case of any further questions or concerns, please feel free to contact us at 954-549-5985.

Sincerel

Monica A. Chevasco

Vice- President JAC Express, Inc.