2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State
01-28-2005 90018 025 ***150.00

DOCUMENT # P02000033783

1. Entity Name
ESPECIAL EXPRESS II, CORP.

Principal Place of Business	Mailing Address
13521 S.W. 8TH LANE MIAMI, FL 33184	13521 S.W. 8TH LANE MIAMI, FL 33184

40007976

01252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 7225 N.W 25 STREET		3. Mailing Address: 250 SW 87TH PATH	
Suite, Apt. #, etc.: 200		Suite, Apt. #, etc.	
City & State: MIAMI - FLORIDA		City & State: MIAMI FLORIDA	
Zip: 33122	Country: U.S.A	Zip: 33174	Country: U-SA .

4. FEI Number: 04-3642486 ☐ Applied For ☐ Not Applicable

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
GOMEZ-VALLE, FILEMON 13521 S.W. 8TH LANE MIAMI, FL 33184	Name: 25 Street Address (P.O. Box Number is Not Acceptable): 250 SW 87TH PATH City: MIAMI FL Zip Code: 33174

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, 2005 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	PSTD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	GOMEZ-VALLE, FILEMON	NAME	
STREET ADDRESS	~~13521 S.W. 8TH LANE~~	STREET ADDRESS	250 SW 87TH PATH
CITY-ST-ZIP	~~MIAMI, FL 33184~~	CITY-ST-ZIP	MIAMI FL 33174
TITLE	☐ Delete	TITLE	☐ Change ☐ 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	☐ Change ☐ 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	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 1-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #