2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State
08-20-2004 90008 031 ***150.00

DOCUMENT # P03000014147

1. Entity Name
THE EXPRESS SECRETARY, INCORPORATED

Principal Place of Business	Mailing Address
4518 NEW DAWN COURT LUTZ, FL 33558	4518 NEW DAWN COURT LUTZ, FL 33558

2. Principal Place of Business	3. Mailing Address
4404 WALLCRAFT AVE	4404 WALLCRAFT AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33611- Country: Hillsborogh	Zip: 33611- Country: Hillsborogh

08032004 Chg-P CR2E034 (10/03)

4. FEI Number: 56-2334596 ☐ 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
SALLABERRY-MALLICOTE, MRILR 4518 NEW DAWN COURT LUTZ, FL 33558	Name: Mari LR Sallaberry-Mallicote Street Address (P.O. Box Number is Not Acceptable): 4404 W. Wallcraft Ave. City: Tampa, FL FL Zip Code: 33611

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 Due by September 6, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALLABERRY-MALLICOTE, MARILR 4518 NEW DAWN COURT LUTZ, FL 33558 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sallaberry-Mallicote, Mari LR 4404 W. Wallcraft Ave. Tampa, FL 33611 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: (Mari LR Sallaberry-Mallicote) 08/15/04 813 831 1012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #