## ° P97000050742

(Re	equestor's Name)			
(Ac	ldress)			
(Ad	ldress)	**		
(Cit	ty/State/Zip/Phone	<i>⇒#</i> )		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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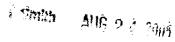


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SECRETARY OF STATE
TALLAHASSEE FLORINA





## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Express Realty Enterprise Inc. (Name of corporation)
DOCUMENT NUMBER: P97000050742
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
L. Sally Nunez  (Name of contact person)
Express Realty Enterprise Inc. (Firm/Company)
74 E. Flagler St (Address)
Miami, Fl. 33131 (City/state and zip code)
For further information concerning this matter, please call:
L.Sally Nunez at (305) 336-9909
(Name of contact person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(6/04)

## STATEMENT OF Ch.

## $\ensuremath{\omega}$ OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	ons of sections 607.0502, 617.0502, 607.1 submitted for a corporation organized una			is	
	inge its registered office or registered age				<del></del>
1. The name of the corp	poration: Express Realty Enterprise, Inc.				
	address: 74 E. Flagler St Miami, Fl 3313	1	<del></del>		
3. The mailing address	(if different): PO Box 45 - 2304 Miami, F	FI. 33245-2304		<del></del>	<del></del>
4. Date of incorporation	n/qualification: 06/09/1997 De	ocument number: P9700005	0742		
5. The name and street Florida Department	address of the current registered agent and of State:	registered office on file with	the		
L. Sal	y Nunez				
48 E.	Flagler St # 14				
Miam	, FI 33131		SEC	05	
6. The name and street (if changed):	address of the new registered agent (if cha	inged) and /or registered office	RETARY AHASSI	AUG 23	二二
L. Sal	ly Nunez	<del></del>	E P	2	ED
74 E.	Flagler St		STA	=	
\$ 87 a.u.	(P.O. Box NOT acceptable)		8m	39	
<del></del>	, Fl. 33131				
The street address of i	ts registered office and the street address ntical.	of the business office of its	register	ed age	nt,
Such change was auth authorized by the boar	orized by resolution duly adopted by its d, or the corporation has been notified in	board of directors or by an on writing of the change.	fficer so	<b>,</b>	
(Signature of an	the heart or directors	L. SALLY NUNE. (Printed or typed name and in	<u>2</u>		
I hereby accept the ap I further agree to com of my duties, and I am document is being file corporation has been	pointment as registered agent and agree oly with the provisions of all statutes rel familiar with and accept the obligation I merely to reflect a change in the regist notified in writing of this change.	to act in this capacity. ative to the proper and comp of my position as registered ered office address, I hereby	elete per agent. confirm	forma Or, if i 1 that	nce this the
(Sighature o	ll hu Registered Agent)	8/17/03 (Date)		<del></del>	<b>-</b>
If signing on behalf of	an entity:				
	LY NUNEZ				

\* \* \* FILING FEE: \$35.00 \* \* \*