

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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May 01, 2006 8:00 am
Secretary of State

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01152006 Chg-P CR2E034 (11/05)

DOCUMENT # P98000070894 1. Entity Name EXPRESSMANIA CORP.			
Principal Place of Business 6969 N.W. 82 AVENUE MIAMI, FL 33166		Mailing Address 6969 N.W. 82 AVENUE MIAMI, FL 33166	
2. Principal Place of Business S951 NW 102ND AVE Suite, Apt. #, etc.		3. Mailing Address S951 NW 102ND AVE Suite, Apt. #, etc.	
City & State DORAL FL Zip 33178-2820 Country USA		City & State DORAL FL Zip 33178-2820 Country USA	
4. FEI Number 65-0861007		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OCNER, ELSA 6969 N.W. 82 AVENUE MIAMI, FL 33166		7. Name and Address of New Registered Agent Name OCNER ELSA Street Address (P.O. Box Number is Not Acceptable) S951 NW 102ND AVENUE City DORAL FL Zip Code 33178	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME OCNER, EDUARDO STREET ADDRESS 6969 N.W. 82 AVENUE CITY-ST-ZIP MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE PD NAME OCNER, EDUARDO STREET ADDRESS S951 NW 102 ND AVENUE CITY-ST-ZIP DORAL FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME OCNER, ELSA STREET ADDRESS 6969 N.W. 82 AVENUE CITY-ST-ZIP MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE VP NAME OCNER, ELSA STREET ADDRESS S951 NW 102 ND AVENUE CITY-ST-ZIP DORAL FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 # (305) 970-4713	