

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90098 035 \*\*\*150.00



DOCUMENT # P98000070894

1. Entity Name  
 EXPRESSMANIA CORP.

Principal Place of Business  
 5951 NORTHWEST 102ND AVENUE  
 DORAL, FL 33178-2820 US

Mailing Address  
 5951 NORTHWEST 102ND AVENUE  
 DORAL, FL 33178-2820 US

2. Principal Place of Business - No P.O. Box #  
 17190 SW 142 PLACE

3. Mailing Address  
 17190 SW 142 PLACE

Suite, Apt. #, etc.

City & State  
 Miami

Zip FL Country 33177

04092007 Chg-P CR2E034 (12/06)

4. FEI Number  
 65-0861007

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

OCNER, ELSA  
 5951 NORTHWEST 102ND AVENUE  
 MIAMI, FL 33178

**7. Name and Address of New Registered Agent**

Name  
 OCNER ELSA

Street Address (P.O. Box Number is Not Acceptable)  
 17190 SW 142 PLACE

City MIAMI FL Zip Code 33177

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 DATE 4/30/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PD OCNER, EDUARDO 5951 NORTHWEST 102ND AVENUE DORAL, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OCNER EDUARDO 17190 SW 142 PLACE MIAMI FL 33177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DATE 4/30/07 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR