


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90027 029 ***150.00

DOCUMENT # P98000070894

1. Entity Name
EXPRESSMANIA CORP.



Principal Place of Business Mailing Address

17120 SW. 142 PL. **17120 SW. 142 PL.**
MIAMI, FL 33177 US **MIAMI, FL 33177 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

17190 SW 142 PL **17190 SW 142 PL**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

MIAMI FL **MIAMI FL**

Zip Country Zip Country

33177 US **33177 US**



05082008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

OCNER, ELSA
17180 SW 143 PL.
MIAMI, FL 33177

4. FEI Number Applied For

65-0861007 Not Applicable

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

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** State **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: **05-09-2008**

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 Due by September 12, 2008

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	PD OCNER, EDUARDO 17190 SW 142 PL. MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **5-9-08** Daytime Phone #: **305 768 9999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR