#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

VP

### SIGNATURE: NANCY M GOMEZ

Electronic Signature of Signing Officer/Director Detail

# 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000007241

Entity Name: EXPRESSONE AIRLINE SERVICES, CORP

## **Current Principal Place of Business:**

8400 NW 36TH ST STE 450 DORAL, FL 33122

#### **Current Mailing Address:**

8400 NW 36TH ST STE 450 DORAL, FL 33122 US

#### FEI Number: 83-3370302

#### Name and Address of Current Registered Agent:

ALEX PINA CO. 8400 NW 36TH ST STE 450 DORAL, FL 33166 US

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.

#### SIGNATURE: Electronic Signature of Registered Agent

**Officer/Director Detail :** Title Р Title VP PEREDA GUZMAN, HAYDEE P Name Name GOMEZ, NANCY M 8400 NW 36TH ST STE 450 Address Address 8400 NW 36TH ST STE 450 City-State-Zip: DORAL FL 33166 DORAL FL 33166 City-State-Zip: Title D CASTRO, ISABEL C Name Address 8400 NW 36TH ST STE 450 DORAL FL 33166 City-State-Zip:

Certificate of Status Desired: No

06/30/2020

Date

Date

### FILED Jun 30, 2020 Secretary of State 3501218879CC