## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 09, 2005 08:00 AM

212-640-1257

Daytime Phone #

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1. Entity Nam	MENT # 854436 an express bank ltd.				Se	ecreta	ry of State
200 VESEY S	STREET RETARYS OFFICE _	Mailing Address 200 VESEY STREET WFC-3 TAX DEPT NEW YORK, NY 10285-3002	US		1) BUKU BUBU SUBB SUBB SUUB		
C	OO NOT WRITE I	N THIS SPA	CE	01052005 4. FEI Number 13-492	No Chg-P	CR2E034	7/
<del></del>	6. Name and Address of Current Reg	latered Agent	1	THE THE STRINGS	And the Control of th	agjanjej se se vs	So rroganes
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE				
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, 1 am familiar with, and accept the obligations of registered agent.							
SIGNATURE  Signature, typod or printed name of registered agent 8nd title if applicable (NOTE Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.			ncing <b>\$5.</b>	.00 May Be		Unic	,
10.	OFFICERS AND DIRE	ECTORS	T	J		na alla ana ana	प्रतान् । राज्या र स्याप्त सम्बद्धाः सम्बद्धाः स्थापत् । स्थापत्र स्थापत्र सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः स
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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.

Staphen P. Norman

SIGNATURE: \_