



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F11913 1. Entity EXPRESS IMPORT-EXPORT CORP.	
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Principal Place of Business 10781 SW 48 TERR MIAMI, FL 33165	Mailing Address PO BOX 02-5364 MIAMI, FL 33102-5364
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DO NOT WRITE IN THIS SPACE

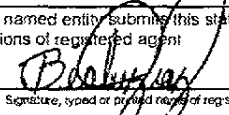
	
08202004	No Chg-P
CR2E034 (10/03)	
4. FEI Number 59-2249233	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, BEATRIZ
10781 SW 48 TERR
MIAMI, FL 33165**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **August 20/04**

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

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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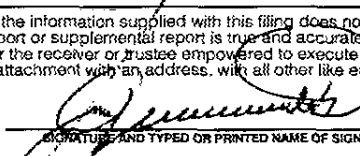
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, JOSE ALBERTO 10781 SW 48 TERR MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIAZ, CARMEN E 10781 SW 48 TERR MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIAZ, CARMEN ELISA JR. 10781 SW 48 TERR MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, BEATRIZ E 10781 SW 48 TERR MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000171017
08/27/04-80002-007 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **August 20/04** 206.337.1249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR