2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F95418

Entity Name: EXPASA FLORIDA, INC.

FILED Jun 15, 2<u>00</u>5 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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10661 NORTH KENDALL DRIVE 10661 NORTH KENDALL DRIVE

SUITE 210 SUITE 210

MIAMI, FL 33126 MIAMI, FL 33176 US

Current Mailing Address: New Mailing Address:

10661 NORTH KENDALL DRIVE 10661 NORTH KENDALL DRIVE

SUITE 210 SUITE 210

MIAMI, FL 33126 US MIAMI, FL 33176 US

FEI Number: 59-2214892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION C/O HOLLAND & KNIGHT, LLP 701 BRICKELL AVE., STE 3000 MIAMI, FL 33131 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 Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

FRANCISCO S. MORALES, CESPEDE Name: Name: UTSCH, MARCIO LUIZ S P 10661 NORTH KENDALL DR STE 210 10661 NORTH KENDALL DR STE 210 Address: Address:

City-St-Zip: MIAMI, FL 331761550 City-St-Zip: MIAMI, FL 33176

Title: () Delete Title: () Change (X) Addition Name: Name: MORALES CESPEDE, FRANCISCO S S Address: 10661 NORTH KENDALL DR. STE 210 Address:

MIAMI, FL 33176 City-St-Zip: City-St-Zip:

Title: Title: () Delete () Change (X) Addition

MORALES CESPEDE, FRANCISCO S T Name: Name: 10661 NORTH KENDALL DR. STE 210 Address Address:

City-St-Zip: City-St-Zip: MIAMI, FL 33176

Title: () Delete Title: () Change (X) Addition

PEREIRA LALLI, PAULO D Name: Name: Address: 10661 NORTH KENDALL DR. STE 210

Address: City-St-Zip: City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANCISCO S. MORALES CESPEDE S 06/15/2005