2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95418

FILED Jan 11, 2006 Secretary of State

Entity Name: EXPASA FLORIDA, INC.						
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
10661 NOF SUITE 210 MIAMI, FL		L DRIVE				
Current Mailing Address:						
Current IVI	alling Addres	SS:	New Maili	ng Address:	:	
10661 NOF SUITE 210 MIAMI, FL		L DRIVE				
FEI Number:	59-2214892	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired (X)	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
C/O HOLL	AND & KNIGH ELL AVE., ST	RED AGENT CORPORATION IT, LLP 'E 3000	l			
	named entity of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			ent	Date		
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	UTSCH, MARC	KENDALL DR STE 210	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MORALES CE) Delete SPEDE, FRANCISCO S S KENDALL DR. STE 210 I76	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	MORALES CE) Delete SPEDE, FRANCISCO S T KENDALL DR. STE 210 176	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name:	D (PEREIRA LALI) Delete II. PAULO D	Title: Name:	,	X) Change ()Addition TO. GUMERCINDO C D	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: MORALES CESPEDE, FRANCISCO,S 01/11/2006 Τ

10661 NORTH KENDALL DR. STE 210

MIAMI, FL 33176

Address:

City-St-Zip:

10661 NORTH KENDALL DR. STE 210

MIAMI, FL 33176