

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90178 026 ***150.00

DOCUMENT # J38875

1. Entity Name

EXPRESS INSURANCE, INC.



Principal Place of Business

3056 S. STATE RD 7
UNIT 31
MIRAMAR FL 33023

Mailing Address

3056 S. STATE RD 7
UNIT 31
MIRAMAR FL 33023

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number **59-2731283**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GROSS, IRWIN
2457 EAGLE RUN DR
WESTON FL 33327

7. Name and Address of New Registered Agent

Name **JUDITH EISENBERG**

Street Address (P.O. Box Number is Not Acceptable)

1490 SHERIDAN ST #296A

City **HOLLYWOOD**

FL

Zip Code **33020**

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 **JUDITH EISENBERG**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

4/17/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GROSS, IRWIN**
STREET ADDRESS **2457 EAGLE RUN DR**
CITY-ST-ZIP **WESTON FL 33327**

TITLE **PRESIDENT** ☐ Delete
NAME **JUDITH EISENBERG**
STREET ADDRESS **1490 SHERIDAN ST #296A**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **IRWIN GROSS**
STREET ADDRESS **2457 EAGLE RUN DR**
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

DATE

954-428-9276

DAYTIME PHONE #