

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000000381

1. Entity Name
EXPRESS CORPORATE FILING SERVICE, INC.



FILED

06 MAY -5 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1000 PONCE DE LEON BLVD
SUITE 101
CORAL GABLES, FL 33134 US

Mailing Address
1000 PONCE DE LEON BLVD
SUITE 101
CORAL GABLES, FL 33134 US

DO NOT WRITE IN THIS SPACE



05042006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0970660 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MENA, YANET
1000 PONCE DE LEON BLVD
SUITE 101
CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. \$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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AVILA, GISELA 1000 PONCE DE LEON BLVD - SUITE 101 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENA, YANET 1000 PONCE DE LEON BLVD - SUITE 101 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MENA, SERGIO 1000 PONCE DE LEON BLVD - SUITE 101 CORAL GABLES, FL 33134
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05/22/06--01047--014 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____