

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000000381

1. Entity Name
EXPRESS CORPORATE FILING SERVICE, INC.



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

FILED

2008 JAN 10 AM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042008 No Chg-P CR2E034 (11/05)

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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

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

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD AVILA, YANET 1000 PONCE DE LEON BLVD - SUITE 101 CORAL GABLES, FL 33134
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01/15/08--01018--002 **150.00

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IN THIS SPACE**

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #