


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90019 002 \*\*\*150.00

<b>DOCUMENT # P00000041307</b>	
1. Entity Name <b>XPRESS ROLLING DOORS INC.</b>	

Principal Place of Business <b>444 E 32TH STREET AP #2 MIAMI, FL 33013</b>	Mailing Address <b>444 E 32TH STREET AP #2 MIAMI, FL 33013</b>
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2. Principal Place of Business - No P.O. Box # <b>18551 SW 104 AVE</b>	3. Mailing Address <b>18551 SW 104 AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33157</b>	Country
Zip <b>33157</b>	Country

40042100



03072007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-1051398</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>LUI, PEDRO 444 E 32TH STREET MIAMI, FL 33013</b>	7. Name and Address of New Registered Agent Name <b>PEDRO LUI</b> Street Address (P.O. Box Number is Not Acceptable) <b>18551 SW 104 AVE</b> City <b>MIAMI</b> FL Zip Code <b>33157</b>
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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 *Pedro Lui* (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE-NAME <b>PTSD LUI, PEDRO</b>	<input checked="" type="checkbox"/> Delete	TITLE-NAME <b>PTSD PEDRO LUI</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>444 E 32TH STREET</b>		STREET ADDRESS <b>18551 SW 104 AVE, MIAMI, FL 33157</b>	
CITY-ST-ZIP <b>MIAMI, FL 33013</b>		CITY-ST-ZIP <b>MIAMI, FL 33157</b>	
TITLE-NAME	<input type="checkbox"/> Delete	TITLE-NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE-NAME	<input type="checkbox"/> Delete	TITLE-NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE-NAME	<input type="checkbox"/> Delete	TITLE-NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE-NAME	<input type="checkbox"/> Delete	TITLE-NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *x Pedro Lui*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #