## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 03, 2004 8:00 am Secretary of State **DOCUMENT # P00000068217** 05-03-2004 90694 001 \*\*\*150.00 EXPÁNSION DIGITAL, INC. Principal Place of Business Mailing Address 4600 NW 7TH CIRCLE 4600 NW 7TH CIRCLE 1422 1422 PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Businessh Circle 3. Mailing Address 9600 NW 7 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04232004 Chg-P 1422 Planterion. FL & State 4. FEI Number Applied For lantation. 65-1025580 Not Applicable Boward \$8.75 Additional 5. Certificate of Status Desired Doward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .Name\_ TAVERA, BERNARDO ..... Street Address (P.O. Box Number is Not Acceptable) 9600 NW 7TH CIRCLE 1422 PLANTATION, FL 33324 City Zip Code 8. The above named entity submits this stateme the obligations of registered agent. The purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept BERNARDO TAUERA SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Addition 🗔 Delete TITLE Change TAVERA CASTILLO, MARIA CRISTINA NAME NAME STREET ADDRESS 9200 S DADELAND BLVD, STE 603 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP TITLE DV Delete TITLE \_\_ Change Addition VARGAS DE ESPINAL, GLORIA INES NAME NAME STREET ADDRESS 9200 S DADELAND BLVD, STE 603 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP TITLE Delete TITLE Addition TAVERA CASTILLO, ADRIANA... NAME NAME. STREET ADDRESS 9200 S DADELAND BLVD, STE 603 STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33156 TITLE Delete TITLE Change Addition TAVERA GAITSKELL, BERNARDO NAME 9200 S DADELAND BLVD, STE 603 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receive 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 AND DIPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**