


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90233 019 \*\*\*150.00

<b>DOCUMENT # P00000097701</b> 1. Entity Name <b>EXPRESSI NETWORKS INC.</b>					
Principal Place of Business <b>4640 NW 107TH AVE. 2202 MIAMI, FL 33178</b>			Mailing Address <b>4640 NW 107TH AVE. 2202 MIAMI, FL 33178</b>		
2. Principal Place of Business <b>10854 SW 246th St</b> Suite, Apt. #, etc.		3. Mailing Address <b>10854 SW 246th St</b> Suite, Apt. #, etc.			
City & State <b>HOMESTEAD FL</b> Zip <b>33032</b>		City & State <b>HOMESTEAD FL</b> Zip <b>33032</b>		4. FEI Number <b>65-1051334</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PEDRAZA, RODOLFO 4640 NW 107TH AVE. #2202 MIAMI, FL 33178</b>			7. Name and Address of New Registered Agent Name <b>RODOLFO PEDRAZA</b> Street Address (P.O. Box Number is Not Acceptable) <b>10854 SW 246TH STREET</b> City <b>HOMESTEAD</b> FL Zip Code <b>33032</b>		
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: <u><i>for Rodolfo Pedraza</i></u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE: <u><i>4/25/05</i></u>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PEDRAZA, RODOLFO 4640 NW 107TH AVE. #2202 MIAMI, FL 33178</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FERRER, CATALINA 3401 SW 104TH CT. MIAMI, FL 33165</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. 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 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: <u><i>for Rodolfo Pedraza</i></u> <u><i>4/25/05</i></u> <u><i>(305) 345-5924</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

1400848Z



04222005 Chg-P CR2E034 (10/03)