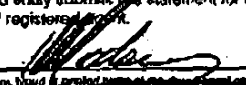
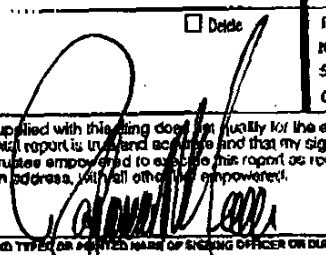


(FRI) APR 30 2004

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91000 007 ***158.75

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000010463			
1. Entity Name EXPRESSPAR CELSE RVICEI NTERNATIONAL (EPS). INC.			
Principal Place of Business 7801NW37S T MIAMI, FL 33 166-6559		Mailing Address 7801NW37S T MIAMI, FL 33 166-6559	
2. Principal Place of Business		3. Mailing Address 2222 Ponce de Leon Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Penthouse	
City & State		City & State Coral Gables, FL	
Zip	Country	Zip	Country
33134	USA	33134	USA
4. FBI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDREWS SERVICE CORPORATION OF FLORIDA, INC. 201 N. FRANKLIN STREET SUITE 2100 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Mary Lou Rodon Alvarez Street Address (P.O. Box Number is Not Acceptable) 2222 Ponce de Leon Blvd. Penthouse City Coral Gables FL Zip Code 33134	
8. The above named entity submits the 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: 		DATE: 4-29-04	
FILE NOW IN FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MENICUCCI, DINO ORTEGAYGASS ET NO. 40 SANTODO MINGO, DM. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MENICUCCI, ANGELO ORTEGAYGASS ET NO. 40 SANTODO MINGO, DM. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENICUCCI, LUIS REYNALDO ORTEGAYGASS ET NO. 40 SANTODO MINGO, DM. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MENICUCCI, RAFAEL ORTEGAYGASS ET NO. 40 SANTODO MINGO, DM. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 addendum with an address, with all other officers empowered.			
SIGNATURE: 		DATE: 4/29/04 (305) 445-8881	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
Rafael Menicucci, director			

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Attachment

DOCUMENT # P01000010463

1. Entity Name
EXPRESSPAR CELSE RVICELINTERNATIONAL (EPS),
INC.



Principal Place of Business
7801NW37S T
MIAMI, FL 33 166-6559

Mailing Address
7801NW37S T
MIAMI, FL 33 166-6559

14019094

2. Principal Place of Business

3. Mailing Address
2222 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Penthouse

04302004

Chg-P

CR2E034(10/03)

City & State

City & State
Coral Gables, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

33134

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDREWSSERVICE CORPORATION OF FLORIDA, INC
201 N. FRANKLIN STREET
SUITE 2100
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

Mary Lou Rodon Alvarez

Street Address (P.O. Box Number is Not Acceptable)

2222 Ponce de Leon Blvd. Penthouse

City

Coral Gables

FL

Zip Code

33134

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]

4-29-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MENICUCCI, DINO
STREET ADDRESS ORTEGAYGASS ET NO. 40
CITY-ST-ZIP SANTODO MINGO, DM,

TITLE SD ☐ Delete
NAME MENICUCCI, AN GELO
STREET ADDRESS ORTEGAYGASS ET NO. 40
CITY-ST-ZIP SANTODO MINGO, DM,

TITLE D ☐ Delete
NAME MENICUCCI, LU IS REYNALDO
STREET ADDRESS ORTEGAYGASS ET NO. 40
CITY-ST-ZIP SANTODO MINGO, DM,

TITLE CD ☐ Delete
NAME MENICUCCI, RAFAEL
STREET ADDRESS ORTEGAYGASS ET NO. 40
CITY-ST-ZIP SANTODO MINGO, DM,

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: "X"

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rafael Menicucci, director

4/29/04 (305) 445-8881