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	Mailing Address
7801NW37S T MIAMI,FL33 166-6559	7801NW37S T MIAMI,FL33 166-6559

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2222 Ponce de Leon Blvd. Suite, Apt. #, etc. Penthouse
City & State	City & State Coral Gables, FL
Zip / Country	Zip 33134 / Country USA

04302004 Chg-P CAZE034(10/03)

4. FEI 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

ANDREWSSERVICE CORPORATIONOF FLORIDA,I N
201 N. FRANKLINSTREET
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] DATE: 4-29-04
Signature, typed & printed name of the registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MENICUCCI,D INO ORTEGAYGASS ET NO. 40 SANTODO MINGO, DM.	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MENICUCCI,AN GELO ORTEGAYGASS ET NO. 40 SANTODO MINGO, DM.	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENICUCCI,LU IS REYNALDO ORTEGAYGASS ET NO. 40 SANTODO MINGO, DM.	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MENICUCCI,R AFAEL ORTEGAYGASS ET NO. 40 SANTODO MINGO, DM.	☐ Delete		☐ Change ☐ Addition
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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] 4/29/04 (305) 445-8581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Rafael Menicucci, director

Attachment

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14019094

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04302004 Chg-P CR2E034(10/03)

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Rafael Menicucci, director