2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 01, 2006 08:00 AM Secretary of State DOCUMENT # P01000014852 1. Entity Name B & A_EXPRESS, INC. Principal Place of Business Mailing Address 5352 GRAND BANKS BLVD GREEN ACRES FL 33463 5352 GRAND BANKS BLVD GREEN ACRES FL 33463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 65-1080471 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NARANJI, LUIS F Street Address (P.O. Box Number is Not Acceptable) 5352 GRAND BANKS BLVD **GREEN ACRES FL 33463** Zip Code City 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 tamiliar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and fills if applicable (NOTE Registered Agent agniture required when reinstating) FILE NOW III FEE IS \$150.00 9. Election Campaign Financing **\$5,00** May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addilion TITLE Delete BBE Change NAME LUIS, NARANJO NAME STREET ADDRESS STREET ADDRESS 14813 SW 127TH PL 1100000548096 CITY-ST-ZIP MIAMI FL 33186 CHY-ST-ZP 05/12/06-80049-013 150 - 06 Addition Delete ITTLE TITLE NAME RODRIGUEZ, RAFAEL MARKE STREET ADDRESS 14813 SW 1277H PL STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY - ST-77P Detete uu ☐ Change ☐ Addition DILLE HANK NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-SI-ZIP Addition TITLE ☐ Defete TIDE Change Ch NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Detete T173 F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition THE TOTLE NAME NAME 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 Section 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 only, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

4/29/06 Date