2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000045505 1. Entity Name EXPRESS SALES INTERNATIONAL, INC.							FILED May 06, 2003 8:00 am Secretary of State 05-06-2003 90043 038 ***150.00 ₹
Principal Place of Business 3616 SW 113 COURT MIAMI FL 33124 35 / 65			Mailing Address 3616 SW 113 COURT MIAMI FL <del>00105-</del> 38/65				
2. Principal F	Place of Busir	ness 3. 1	ailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State			4.	FEI Number 65-1113797 Applied For
Zip	Country		Zip Cour		y	5.	Certificate of Status Desired Status
6. Name and Address of Current R			ered Agent		7. Name and Address of New Registered Agent		
BARROUS, VIRGILIO O 3616 SW 113 COURT					Name Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33185 331 65							
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 typed or printed name of registered agent and litle if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00							
Make Check Payable to Florida Department o							Trust Fund Contribution.
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	3616 SW	OFFICERS AND DIREC , VIRGILIO D 113 COURT 33105- 33165	Delete	11. TITLE NAME STREET CITY-S	ADDRESS ST - ZIP	A[	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET CITY-S	T ADDRESS		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET CITY-S	ADDRESS	<u>,</u>	Change 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET CITY-S	ADDRESS		Change 🗋 Addition
TITLE NAME STREET ADDRESS CITY-ST~ZIP			Delete	TITLE NAME STREET CITY-S	ADDRESS IT - ZIP	<u> </u>	Change Addition
TITLE NAME STREET ADDRESS CITY - ST- ZIP			Delete	TITLE NAME STREET CITY-S	ADDRESS T-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)(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 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 to execute the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered to execute the same legal effect. SIGNATURE:   SIGNATURE: Signature and TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date Date:							