## -2005-FOR PROFIT CORPORATION-ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

Karimleit

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE: S

octiniec

SIGNING OFFICER OR DIRECTOR

## Apr 27, 2005 8:00 am Secretary of State DOCUMENT # P01000046112 1. Entity Name 04-27-2005 90349 040 \*\*\*150.00 NEW EXPRESSION OF MIAMI, INC. Principal Place of Business 8765 SW 109 ST. MIAMI FL 33176 1st MOORE CR2E034 (10/04) 4. FEI Number City & State Applied For 65-1101842 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOKINIEC MARIA 6427 SN 127th CT BOKINIEC, MARIA Street Address (P.O. Box Number is Not Acceptable) <del>8765 SW 109 S</del>T. MIAMITE 33176 MIAMI FL 33183 City Zip Code 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 (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, 11. Change ☐ Addition TITLE ☐ Delete TITLE **BOKINIEC, JKAZIMIERZ** NAME NAME STREET ADDRESS 8765-9W-109-9T. STREET ADDRESS MIAMIFL 33176 -CITY-ST-ZIP CITY-ST-ZIP DST THILE ☐ Delete THILE ☐ Change ☐ Addition BOKINIEC, MARIA NAME NAME <del>8765 9W-109 S</del>Ţ. STREET ADDRESS STREET ADDRESS MIAMLEL 30176 CITY-ST-ZIP CITY+SI-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 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

FILED