


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90349 040 \*\*\*150.00

<b>DOCUMENT # P01000046112</b> 1. Entity Name <b>NEW EXPRESSION OF MIAMI, INC.</b>					
Principal Place of Business <del>8765 SW 109 ST.</del> <del>MIAMI FL 33176</del>			Mailing Address <del>8765 SW 109 ST.</del> <del>MIAMI FL 33176</del>		
2. Principal Place of Business <b>6427 SW 127th CT</b>		3. Mailing Address <b>6427 SW 127th CT</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>65-1101842</b>	
Zip <b>33183</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BOKINIEC, MARIA</b> <del>8765 SW 109 ST.</del> <del>MIAMI FL 33176</del>  <b>BOKINIEC MARIA</b> <b>6427 SW 127th CT</b>  <b>MIAMI FL 33183</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Krzysztof Bokini</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>04/21/05</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOKINIEC, JKAZIMIERZ <del>8765 SW 109 ST.</del> <del>MIAMI FL 33176</del>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/04)

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #