

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90001 043 ***550.00

20053858



08222006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000046112 1. Entity Name NEW EXPRESSION OF MIAMI, INC.					
Principal Place of Business 6427 SW 127TH CT MIAMI, FL 33183			Mailing Address 6427 SW 127TH CT MIAMI, FL 33183		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-1101842			☐ Applied For ☒ Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			08222006 Chg-P CR2E034 (11/05)		
6. Name and Address of Current Registered Agent BOKINIEC, MARIA 6427 SW 127TH CT MIAMI, FL 33183				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ (Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	DP BOKINIEC, JKAZIMIERZ 6427 SW 127TH CT MIAMI, FL 33183		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST BOKINIEC, MARIA 6427 SW 127TH CT MIAMI, FL 33183		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 is changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>BOKINIEC KAZIMIERZ D.P.</u> 08/27/06 305-383-0430 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Debit Phone #					

ATTACHMENT

20053857

~~# 05 0000 31858~~

Don't know
what a
FEI Number
is. We do have
a Employer Id Number
that is, if it is the same
11-3745615