


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000072067 1. Entity Name EXPRESS UNIVERSAL INC.	
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Principal Place of Business 8302 NW 52ND PL CORAL SPRINGS, FL 33067	Mailing Address 8302 NW 52ND PL CORAL SPRINGS, FL 33067
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03012003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1129313	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REDWOOD, HAROLD A 7803 N ARMENIA AVE STE C TAMPA, FL 33604
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**DO NOT WRITE
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000160359
05/19/04-80003-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST VARDI, DAKEL 8302 NW 52ND PL CORAL SPRINGS, FL 33067
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IN THIS SPACE**

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.

SIGNATURE: Dakel Vardi Dakel Vardi 5-15-04 954-242-SMT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #