

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 30, 2003 8:00 am**  
**Secretary of State**

07-30-2003 90068 009 \*\*\*150.00

DOCUMENT # P01000110167

1. Entity Name

**EXPODEN CORPORATION**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1207 N.W. 6 Street**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Miami, Florida**

City & State

4. FEI Number  
**65-1153526**

Applied For:  
Not Applicable

Zip  
**33125**

Country  
**Dade**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
**JULIO EXPOSITO**

Street Address (P.O. Box Number is Not Acceptable)

**1207 N.W. 6th Street**

City  
**Miami, FL** Zip Code  
**33125**

**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

*[Signature]*

(NOTE: Registered Agent's signature required when transferring)

DATE

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President-Secretary  
Julio Exposito  
1207 N.W. 6th Street  
Miami, Florida 33125**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer  
Mirian Alvarez  
13416 S.W. 12th Terrace  
Miami, Florida 33184**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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**DO NOT WRITE  
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/24/03**

**CBS 442-893**

DATE

ORGANIZATION

Attachment  
80134392

July 8, 2003

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Expoden Corporation.  
Document # P01000110167  
1207 N.W. 6 Street  
Miami, Florida 33125

Gentlemen:

We are respectfully requesting to abate the reinstatement fee of \$550.00 since we never receive the annual report.

Enclose please find annual report for the year 2003 and check in the amount of \$150.00 to pay for the report.

Thanking you for you help and cooperation in this matter.

Cordially,

Expoden Corporation

Julio Exposito  
1207 N.W. 6 Street  
Miami, Florida 33125

