

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90694 038 \*\*\*150.00

**DOCUMENT # P02000034423**

1. Entity Name  
**EXPRESS ENGRAVING USA, INC.**



Principal Place of Business  
**9550 BAY HARBOR TERR SUITE 214  
MIAMI FL 33154**

Mailing Address  
**9550 BAY HARBOR TERR SUITE 214  
MIAMI FL 33154**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**12404 BISCAYNE BLVD.**  
Suite, Apt. #, etc.

3. Mailing Address  
**12404 BISCAYNE BLVD**  
Suite, Apt. #, etc.

City & State  
**NORTH MIAMI, FLORIDA**

City & State  
**NORTH MIAMI, FLORIDA**

4. FEI Number  
**03-0423637**

Applied For  
Not Applicable

Zip  
**FLORIDA 33181**

Country  
**US**

Zip  
**33181**

Country  
**US**

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

**6. Name and Address of Current Registered Agent**

**ZAJAC, ALEJANDRO**  
**3750 WEST FLAGLER STREET**  
**MIAMI FL 33134**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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  
**D**  
**KAHANOVSKY, DANIEL** ☐ Delete  
**9550 BAY HARBOR TERR SUITE 214**  
**MIAMI FL 33154**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**12404 BISCAYNE BLVD.**  
**NORTH MIAMI, FLORIDA 33181**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 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: **SIGNATURE REQUIRED DANIEL KAHANOVSKY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/13/03**

**(305) 332-9135**

Date

Daytime Phone #

CR2E034 (10/02)