


2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 APR 28 PM 4: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000050794		
1. Entity Name M&R EXPRESSIONS, INC.		

Principal Place of Business 5721 NE 19 AVE. FT. LAUDERDALE, FL 33308	Mailing Address 5721 NE 19 AVE. FT. LAUDERDALE, FL 33308
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2. Principal Place of Business Ft Lauderdale Suite, Apt. #, etc. 5620 NE 2 Ter City & State Ft Lauderdale FL Zip 33334 Country USA	3. Mailing Address 5620 NE 2 Ter Suite, Apt. #, etc. City & State Ft Lauderdale FL Zip 33334 Country USA
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01192006 REIN-P CR2E098 (11/05)

4. FEI Number 02-0608427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROCHA, MANUEL F 5721 NE 19 AVE. FT. LAUDERDALE, FL 33308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROCHA, MANUEL F 5721 NE 19 AVE. FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Manuel Rocha 4/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/5aw