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May 03, 2006 8:00 am
Secretary of State

05-03-2006 90216 028 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000084109

1. Entity Name
EXPRESS LIEN CORP.

Principal Place of Business	Mailing Address
230 S. DIXIE HWY HOLLYWOOD, FL 33020-4912	230 S. DIXIE HWY. HOLLYWOOD, FL 33020-4912

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. # etc.	
City & State		City & State	
Zip	Country	Zip	Country

04232006 Chg-P CR2E034 (11/05)

4. FEI Number: 30-0106851 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KALLMAN, DIANE A
230 S. DIXIE HWY.
HOLLYWOOD, FL 33020-4912

7. Name and Address of New Registered Agent

Name: MORT SHER
Street Address (P.O. Box Number is Not Acceptable): 230 S DIXIE HWY
City: HOLLYWOOD FL Zip Code: 33020-4912

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, 2006 Fee will be $550.00

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	P	XX Delete	TITLE	PVD	☐ Change ☒ Addition
NAME	KALLMAN, DIANE A		NAME	MORT SHER	
STREET ADDRESS	1020 BALBERRY POINT DR.		STREET ADDRESS	230 S. DIXIE HWY	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	HOLLYWOOD, FL 33020-4912	
TITLE	V	XX Delete	TITLE		☐ Change ☐ Addition
NAME	VAMVAKOS, CYNTHIA		NAME		
STREET ADDRESS	8129 N. CRAWFORD AVE		STREET ADDRESS		
CITY-ST-ZIP	SKOKIE, IL 60076		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #