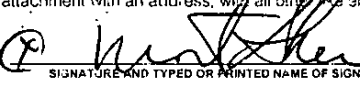


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90216 028 ***150.00

DOCUMENT # P02000084109 1. Entity Name EXPRESS LIEN CORP.					
Principal Place of Business 230 S. DIXIE HWY HOLLYWOOD, FL 33020-4912			Mailing Address 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			7. Name and Address of New Registered Agent		
KALLMAN, DIANE A 230 S. DIXIE HWY. HOLLYWOOD, FL 33020-4912			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 _____ (NOTE: Registered Agent signature required when re-registering) 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 NAME STREET ADDRESS CITY- ST- ZIP	P ☒ Delete KALLMAN, DIANE A 1020 BALBERRY POINT DR. PLANTATION, FL 33324		TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVD ☐ Change ☒ Addition MORT SHER 230 S. DIXIE HWY HOLLYWOOD, FL 33020-4912	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V ☒ Delete VAMVAKOS, CYNTHIA 8129 N. CRAWFORD AVE SKOKIE, IL 60076		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		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 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; changed, or on an attachment with an address, with all other names empowered					
SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: _____ Daytime Phone #: _____		