

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000116246

FILED  
Jan 15, 2007  
Secretary of State

Entity Name: EXPANSION CORP.

**Current Principal Place of Business:**

785 CRANDON BLVD  
STE 106  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

785 CRANDON BLVD  
STE 106  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 71-0915297      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INTRASTATE REGISTERED AGENT CORPORATION  
200 S. ORANGE AVENUE  
SUITE 2600  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NUCETE, MARTA  
Address: 785 CRANDON BLVD #106  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPD ( ) Delete  
Name: NUCETE, OMAR E  
Address: 785 CRANDON BLVD #106  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S ( ) Delete  
Name: FABREGAS, MIREYA  
Address: 785 CRANDON BLVD #106  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTA NUCETE

PRES

01/15/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date