FILED
Jun 13, 2003 8:00 am
Secretary of State
05-05-2003 91457 045 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P02000129322

1. Entity Name
XPRESS INCOME TAX SERVICES, INC.

Principal Place of Business	Mailing Address
8204 NW 103 ST	8204 NW 103 ST
HIALEAH GARDENS FL 33016	HIALEAH GARDENS FL 33016

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8202 N.W 103 RD ST	8202 NW 103 RD St
Suite, Apt. #, etc..	Suite, Apt. #, etc.
City & State: HIALEAH GARDENS FL	City & State: HIALEAH GARDENS FL
Zip: 33016 Country:	Zip: 33016 Country:

4. FEI Number 54-2084929 ☐ 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
LIBERTY BUSINESS SERVICES, INC.	Name: LIBERTY BUSINESS SERVICES, INC.
8204 NW 103 ST	Street Address (P.O. Box Number is Not Acceptable): 8202 NW 103 RD STREET
HIALEAH GARDENS FL 33018	City: HIALEAH GARDENS FL Zip Code: 33016

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] 4-30-03
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, D / LORENZO, JOANA R.PD / 9713 NW 122 TERR / HIALEAH GARDENS FL 33018 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 [signature] 4-30-03 305-362-9334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #