

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90128 017 ***150.00

DOCUMENT # P03000011736					
1. Entity Name NEW EXPRESS, INC.					
Principal Place of Business 8710 N.W. 101 ST. MEDLEY, FL 33178			Mailing Address 8710 N.W. 101 ST. MEDLEY, FL 33178		
2. Principal Place of Business 4130 SW 69 Ave Suite, Apt. #, etc.		3. Mailing Address 4130 SW 69 Ave Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 76-0729460	
Zip 33155		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNEIDER, ISCAR ONE FINANCIAL PLAZA SUITE 2500 FT. LAUDERDALE, FL 33394			7. Name and Address of New Registered Agent Name: Pastor Moreno JR. Street Address (P.O. Box Number is Not Acceptable): 4130 SW 69 Ave City: Miami FL Zip Code: 33155		
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: <i>[Signature]</i> DATE: 3/6/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME COLON, OSVALDO STREET ADDRESS 8710 N.W. 101 ST. CITY-ST-ZIP MEDLEY, FL 33178	<input type="checkbox"/> Delete		TITLE PD NAME Colon, Osvaldo STREET ADDRESS 4130 SW 69 Ave CITY-ST-ZIP Miami, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME MORENO, PASTOR JR STREET ADDRESS 8710 N.W. 101 ST. CITY-ST-ZIP MEDLEY, FL 33178	<input type="checkbox"/> Delete		TITLE VD NAME Moreno, Pastor JR STREET ADDRESS 4130 SW 69 Ave CITY-ST-ZIP Miami, FL 33155	<input checked="" 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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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3/6/06		Daytime Phone #: 305 261 6251