

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000049389

1. Entity Name

EXIMPORT EXPRESS SERVICES, INC.



Principal Place of Business

Mailing Address

13003 SW 50TH LANE
MIAMI FL 33175

13003 SW 50TH LANE
MIAMI FL 33175

2. Principal Place of Business

3. Mailing Address

REINSTATEMENT 04



MOORE

CR2E034 (4/04)

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

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

NODAL, ROMAN
13003 SW 50TH LANE
MIAMI FL 33175

Name

Street Address (P.O. Box Number is Acceptable)

City

FL

Zip Code

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

Roman Nodal - President, owner
Director, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/13/04

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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
DPST
NODAL, ROMAN
13003 SW 50TH LANE
MIAMI FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OWNER - Eximport
Nodal Roman
13003 SW 50th Lane
Miami, FL, 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200042836672
11/17/04--01045--020 **95.40

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8/31/04 90129 002 45195
8/30/04 90129 001 875

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Roman Nodal - R Nodal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/04

Date

(305) 322-2479

Daytime Phone #

Please, Call me at my cell phone 305-213094