

PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90172 043 ***150.00

DOCUMENT # P03000066674

1. Entity Name
EXPRESS INC.



Principal Place of Business
16650 N.W 27 AVE
MIAMI, FL 33056

Mailing Address
16650 N.W 27 AVE
MIAMI, FL 33056

40040400..



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042005

Chg-P

CR2E034 (10/03)

4. FEI Number
16-1670818

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

GOODARZI, HAMID CEO
16650 N.W 27 AVE
MIAMI, FL 33056

Name

Street Address (P.O. Box Number is Not Acceptable)

4022 Palm Place

City
Weston

FL

Zip Code
33331

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 of the person who is the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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-STATE-ZIP
PO
GOEDARZI, HOIMID
1776 POLK ST # 6F
HOLLYWOOD, FL 33020

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PO
GOODARZI, HAMID
4022 Palm Place
Weston, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-STATE-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 the 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 to an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/05