


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90105 003 ***150.00

DOCUMENT # P04000102183	
1. Entity Name XPRESS STOP, INC.	

Principal Place of Business 10198 W. FLAGLER ST. MIAMI, FL 33174 US	Mailing Address 10198 W. FLAGLER ST. MIAMI, FL 33174 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



01102006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1342429	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHIHADDEH, MARWAN 989 N.W. 155TH TERRACE PEMBROKE PINES, FL 33028	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIHADDEH, MARWAN 743 E. 15TH AVE. SUITE 101 DAVIE, FL 33633	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Shihaddeh, Marwan 9901 SW 142ND AVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABDELLATIF, NIDAL 10101 E. 15TH AVE PEMBROKE PINES, FL 33028	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Abdelatif, Nidal 9901 SW 142ND AVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHIHADDEH, MIGUEL 1810 E. 15TH AVE PEMBROKE PINES, FL 33028	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Shihaddeh, Miguel 9901 SW 142ND AVE MIAMI, FL 33186
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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 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: _____	1-11-06	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			