

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED ATX1
Sep 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000114413 1. Entity Name ESELL EXPRESS INC	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18728 SW 28 ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State MIRAMAR, FL		City & State 	
Zip 33029	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1458807		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name FREDDY CHIRINOS	
Street Address (P.O. Box Number is Not Acceptable) 18728 SW 28 ST	
City MIRAMAR	FL Zip Code 33029

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 **FREDDY CHIRINOS, PRESIDENT** 8/30/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHIRINOS, FREDDY 18728 SW 28 ST MIRAMAR, FL 33029
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11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000377335 03/07/05-80012-022 150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **FREDDY CHIRINOS, PRESIDENT** 8/30/2005 (954) 288-5574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #