2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachmen

SIGNATURE: X

with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 12, 2007 8:00 am Secretary of State DOCUMENT # P04000141563 03-12-2007 90080 010 ***150 00 EXPRESSIONS FOR YOU, CORP. Principal Place of Business Mailing Address 110000011 171 N.W. 78TH TERR. 171 N.W. 78TH TERR. APT 101, BLD 40 APT 101, BLD 40 PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7451 Eaton 1461 Faton Suite, Apt. #, etc. Suite, Apt. #, etc. 02152007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For Holly wood 一厂 HOllywood 7 20-1774985 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33024 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Serrano SERRANO, ALBA LUZ Street Address (P.O. Box Number is Not Acceptable) 171 N.W. 78TH TERR. APT 101, BLD 40 1451 faton PEMBROKE PINES, FL 33024 SH ²³53624 Doowy110th 8. The above named entry 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 stered agent. SIGNATURE 3 lered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5,00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE Defete TITLE Serrano Alba Luz SERRANO, ALBA LUZ NAME NAME 7451 Eaton S+ 171 N.W. 78TH TERR APT 101 BLD 40 STREET ADDRESS STREET ADDRESS CITY-ST ZIP PEMBROKE PINES, FL 33024 CITY-ST-7IP ADTIVWOOD FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TOTE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receive 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

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