2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2006 08:00 AN **DOCUMENT # P04000151289 Secretary of State** 1. Entity Name KIPO EXPRESS CORP. Mailing Address Principal Place of Business 16336 SW 43RD TERRACE 16336 SW 43RD TERRACE MIAMI, FL 33185 MIAMI, FL 33185 No Chg-P CR2E034 (11/05) 01192006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 76-0771184 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORTES, ALFONSO DO NOT WRITE 16336 SW 43RD TERRACE MIAMI, FL 33185 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable, (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME CORTES, ALFONSO 16336 SW 43 TERR STREET ADDRESS U000000403484 CITY-ST-ZIP MIAMI, FL 33185 02/06/06-80008-025 150.10 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2605

Daytime Phone #