

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90175 004 \*\*\*150.00

DOCUMENT # P04000166844

1. Entity Name

XPRESS NOTARY SERVICES OF FLORIDA, INC.



Principal Place of Business

~~3727 N.W. 52 STREET SUITE - OFFICE C~~  
~~MIAMI, FL 33142~~

4801 S.W. 94 AVE  
MIAMI, FL 33165

Mailing Address

~~3727 N.W. 52 STREET SUITE - OFFICE C~~  
~~MIAMI, FL 33142~~

2. Principal Place of Business

4801 S.W. 94 AVE  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 557235  
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33165

Country

U.S.A.

Zip

33205

Country

U.S.A.

03272006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3804704

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOUE, MARIA J  
3727 N.W. 52 STREET-SUITE -OFFICE C  
MIAMI, FL 33142

7. Name and Address of New Registered Agent

Name ARACELY ALVAREZ

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

4801 S.W. 94 AVE

City

Miami

FL

Zip Code

33165

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

(Old) Maria J. Boue

(New)

Aracely Alvarez

4/18/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	BOUE, MARIA JULIA	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		5313 COLLINS AVENUE #1005	
CITY-ST-ZIP		MIAMI BEACH, FL 33140	
TITLE	D	HUGUES, MARIA S	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		5313 COLLINS AVENUE #606	
CITY-ST-ZIP		MIAMI BEACH, FL 33140	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

ARACELY ALVAREZ

Date

Daytime Phone #

4/18/06