

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063698

Entity Name: QXPRESS INC

FILED  
Mar 06, 2006  
Secretary of State

## Current Principal Place of Business:

14854 SW 42 LN  
MIAMI, FL 33185

## New Principal Place of Business:

3390 SW 129 AVENUE  
MIAMI, FL 33175

## Current Mailing Address:

14854 SW 42 LN  
MIAMI, FL 33185

## New Mailing Address:

3390 SW 129 AVENUE  
MIAMI, FL 33175

FEI Number: 20-2774015

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUINONES, ANA C  
14854 SW 42 LN  
MIAMI, FL 33185 US

## Name and Address of New Registered Agent:

QUINONES, ANA C  
3390 SW 129 AVENUE  
MIAMI, FL 33175 US

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.

SIGNATURE:

03/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: QUINONES, ANA C  
Address: 14854 SW 42 LN  
City-St-Zip: MIAMI, FL 33185

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: QUINONES, ANA C  
Address: 3390 SW 129 AVENUE  
City-St-Zip: MIAMI, FL 33175

Title: DVP ( ) Change (X) Addition  
Name: QUINONES JR, VICTOR  
Address: 3390 SW 129 AVENUE  
City-St-Zip: MIAMI, FL 33175

Title: DVP ( ) Change (X) Addition  
Name: REQUENA, ROBERT L  
Address: 3390 SW 129 AVENUE  
City-St-Zip: MIAMI, FL 33175

Title: DS ( ) Change (X) Addition  
Name: REQUENA, ANNETTE Q  
Address: 3390 SW 129 AVENUE  
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. REQUENA

DVP

03/06/2006

Electronic Signature of Signing Officer or Director

Date