


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90224 002 \*\*\*150.00


<b>DOCUMENT # P05000066204</b>	
1. Entry Name <b>M.A.K.I. EXPRESS, CORP.</b>	

Principal Place of Business <b>6225 SW KENDALE LAKE CIRCLE #D-255 MIAMI, FL 33183</b>	Mailing Address <b>6225 SW KENDALE LAKE CIRCLE #D-255 MIAMI, FL 33183</b>
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2. Principal Place of Business <b>6225 Sw Kendale lake Cir</b> Suite, Apt. #, etc. <b># D-255</b>	3. Mailing Address <b>6225 Sw Kendale lake Cir</b> Suite, Apt. #, etc. <b># d-255</b>
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City & State <b>Miami - FL</b>	City & State <b>Miami - FL</b>
Zip <b>33183</b>	Country <b>Dade - USA</b>
Zip <b>33183</b>	Country <b>USA.</b>

**66015998**



03312006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2796571</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>VARGAS, KAROLINNA 6225 SW KENDALE LAKE CIRCLE #D-255 MIAMI, FL 33183</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Numbers Not Acceptable)	
City	<b>FL</b> Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature typed or printed name of registered agent on this space. NOTE: Registered Agent's graphic required when registering.

<b>FILE NOW!!! FEE IS \$150.00 After May-1, 2006 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	VARGAS, KAROLINNA 6225 SW KENDALE LAKE CIRCLE #D-255 MIAMI, FL 33183	NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information reported 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: Karolinn Vargas (186) 256-5441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone