

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90354 017 ***150.00

DOCUMENT # P05000079547

1. Entity Name
EXPRESS EXQUISITE INC.



Principal Place of Business
**8260 SW 4TH COURT
N. LAUDERDALE, FL 33068**

Mailing Address
**8260 SW 4TH COURT
N. LAUDERDALE, FL 33068**

2. Principal Place of Business

3. Mailing Address

1217 BAY VIEW WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WEST PALM BEACH FL

Zip

Country

Zip
33414

Country

USA

04072006

Chg-P

CR2E034 (11/05)

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEER, SAMUEL
8260 SW 4TH COURT
N. LAUDERDALE, FL 33068**

Name

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

1217 BAY VIEW WAY

City
WEST PALM BEACH

FL

Zip Code
33414

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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
EAST, DOREEN
8260 SW 4TH COURT
N. LAUDERDALE, FL 33068**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/06 561-7936418

Date

Daytime Phone #