

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000086606

1. Entity Name  
EXPRESS SERVICES HEALTHCARE INC.



Principal Place of Business  
5987 SW 8 ST  
MIAMI, FL 33155

Mailing Address  
5987 SW 8 ST  
MIAMI, FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08032006

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

CRUZ, SERGIO L JR  
10471 SW 6 ST  
MIAMI, FL 33174

7. Name and Address of New Registered Agent

Name SAIKO ABUIRRE

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

4200 Sheridan st

City Hollywood

FL

Zip Code 33021

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

*Saikou Abuirre*  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when renesting)

DATE

8-03-06

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete  
NAME CRUZ, SERGIO L JR  
STREET ADDRESS 10471 SW 6 STREET  
CITY-ST-ZIP MIAMI, FL 33174

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☒ Addition  
NAME SAIKO ABUIRRE  
STREET ADDRESS 4200 sheridan st  
CITY-ST-ZIP Hollywood FL 33021

TITLE ☐ Change ☐ Addition  
NAME 500078992275  
STREET ADDRESS 08/22/06--01028--003 \*\*115.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 500078992275  
STREET ADDRESS 08/22/06--01028--004 \*\*115.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 500078992275  
STREET ADDRESS 08/22/06--01028--004 \*\*35.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Saikou Abuirre* 8.03.06

Date

Daytime Phone #

FILED  
06 AUG -4 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



K. Eckel AUG 07 2006