

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000099948

1. Entity Name
C. EXPRESS, CORP.



Principal Place of Business
1281 NE 42ND STREET
POMPANO BEACH, FL 33064

Mailing Address
1281 NE 42ND STREET
POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE



04222007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3190078

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, ISaura E
1281 NE 42ND STREET
POMPANO BEACH, FL 33064

**DO NOT WRITE
IN THIS SPACE**

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, 2007 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
NAME	GARCIA, ISaura E
STREET ADDRESS	1281 NE 42ND STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	D
NAME	LOPEZ, MARIA I
STREET ADDRESS	7A. CALLE 0-44 ZONA 1
CITY-ST-ZIP	EL PROGRESO, JUTIAPA GUATEMA,
TITLE	D
NAME	RAMIREZ, JOSE A
STREET ADDRESS	7A. CALLE 0-44 ZONA 1
CITY-ST-ZIP	EL PROGRESO, JUTIAPA GUATEMA,
TITLE	D
NAME	RAMIREZ, LUIS A
STREET ADDRESS	7A. CALLE 0-44 ZONA 1
CITY-ST-ZIP	EL PROGRESO, JUTIAPA GUATEMA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000753722
05/22/07-80032-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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

4/26/07
Date

(954) 782-0412
Daytime Phone #