


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90030 001 \*\*\*150.00

<b>DOCUMENT # P05000144600</b> 1. Entity Name <b>MAMI EXPRESS, CORP.</b>	
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Principal Place of Business <b>15635 SW 74TH CIRCLE DR #12 MIAMI, FL 33193</b>	Mailing Address <b>15635 SW 74TH CIRCLE DR #12 MIAMI, FL 33193</b>
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**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3729724</b>	Applied For 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

**MONTERO, IRAIDA  
15635 SW 74TH CIRCLE DR #12  
MIAMI, FL 33193**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY - ST - ZIP	PSD MONTERO, IRAIDA 15635 SW 74TH CIRCLE DR NO. 12 MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CHACIN, MANUELA 2938 NW 99 CT MIAMI, FL 33172
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: IRAIDA MONTERO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/18/2007** **305-742-4155**  
Date Daytime Phone #