2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000085806

Entity Name: X PRESS PERMITS SERVICES, INC

FILED Jan 11, 2012 Secretary of State

Current Mailing Address: New Mailing Address: 128 JUAREZ DR KISSIMMEE, FL 34743 FEI Number: 45-3443951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desire Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLLAZO, LUIS E 128 JUAREZ DR KISSIMMEE, FL 34743 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida.	Current Principal Place	of Business:	New Principal Place of	of Business:	
128 JUAREZ DR KISSIMMEE, FL 34743 FEI Number: 45-3443951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desire Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLLAZO, LUIS E 128 JUAREZ DR KISSIMMEE, FL 34743 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida.	128 JUAREZ DR KISSIMMEE, FL 34743				
Name and Address of Current Registered Agent: COLLAZO, LUIS E 128 JUAREZ DR KISSIMMEE, FL 34743 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida.	Current Mailing Address	:	New Mailing Address	::	
Name and Address of Current Registered Agent: COLLAZO, LUIS E 128 JUAREZ DR KISSIMMEE, FL 34743 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida.					
COLLAZO, LUIS E 128 JUAREZ DR KISSIMMEE, FL 34743 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida.	FEI Number: 45-3443951	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
128 JUAREZ DR KISSIMMEE, FL 34743 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida.	Name and Address of Current Registered Agent: Name		Name and Address of	e and Address of New Registered Agent:	
in the State of Florida.	128 JUARÉZ DR	US			
		ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or be	
SIGNATURE:	SIGNATURE:				
Electronic Signature of Registered Agent Date	Electronic	Signature of Registered Age	ent	Date	

Title:

Name: COLLAZO, LUIS E 128 JAUREZ DR Address: City-St-Zip: KISSIMMEE, FL 32743

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LUIS E. COLLAZO Ρ 01/11/2012