

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000019665	
1. Entity Name EXPO PROFESSIONAL BUILDING, INC.	

Principal Place of Business 4980 W 10TH AVE HIALEAH, FL 33012 US	Mailing Address 4980 W 10TH AVENUE SUITE 102 HIALEAH, FL 33012 US
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03182006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0399948	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EXPOSITO, CARLOS 40 N.W. 124TH AVE. MIAMI, FL 33182

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTIC: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EXPOSITO, CARLOS 40 N.W. 124TH AVE. MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EXPOSITO, CLARA A 40 N.W. 124TH AVE. MIAMI, FL 33182
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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:  **CARLOS EXPOSITO** **3/27/06** **305-558-4140**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #