


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000045858

1. Entity Name
EXPRESS BUILDERS, INC.



Principal Place of Business _____ Mailing Address _____
9572 ABBOTT AVE _____ **9572 ABBOTT AVE**
SURFSIDE FL 33154 _____ **SURFSIDE FL 33154**
US _____ **US**



2. Principal Place of Business _____ 3. Mailing Address _____
 Suite, Apt #, etc. _____ Suite, Apt #, etc. _____

1st MOORE CR2E034 (10/04)

City & State _____ City & State _____

4. FEI Number **65-0421032** Applied For _____
 Not Applicable _____

Zip _____ Country _____ Zip _____ Country _____

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BAKKER, PIETER
9572 ABBOTT AVE
SURFSIDE FL 33154

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 re-appointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTV BAKKER, PIETER 9572 ABBOTT AVENUE SURFSIDE FL 33154 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | U00000277314 03/26/05-80024-008 150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: PIETER BAKKER 3/23/05 Date: _____ Daytime Phone #: 305-538-1799