

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000044580

1. Entity Name

EXPRESO INTERNACIONAL ORMENO, INC.



Principal Place of Business

2601 NW LEJEUNE RD
MIAMI FL 33142
US

Mailing Address

2601 NW LEJEUNE RD
MIAMI FL 33142
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0723902

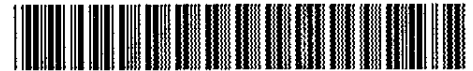
Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

FORTES, PEDRO A
2601 NW LEJEUNE ROAD
MIAMI FL 33142

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

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

02-04-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME ORMENO CABRERA, JOAQUIN U
STREET ADDRESS 320 ATLANTIC ROAD
CITY-ST-ZIP KEY BISCAIYNE FL 33149 ☐ Delete

TITLE DS
NAME ORMENO MALONE, LUIS J
STREET ADDRESS 320 ATLANTIC ROAD
CITY-ST-ZIP KEY BISCAIYNE FL 33149 ☐ Delete

TITLE D
NAME ORMENO MALONE, JULIO C
STREET ADDRESS 320 ATLANTIC ROAD
CITY-ST-ZIP KEY BISCAIYNE FL 33149 ☐ Delete

TITLE D
NAME ORMENO MALONE, MERCEDES I
STREET ADDRESS 320 ATLANTIC ROAD
CITY-ST-ZIP KEY BISCAIYNE FL 33149 ☐ Delete

TITLE D
NAME ORMENO MALONE, CECILIA M
STREET ADDRESS 320 ATLANTIC ROAD
CITY-ST-ZIP KEY BISCAIYNE FL 33149 ☐ Delete

TITLE D
NAME ORMENO MALONE, MARIA
STREET ADDRESS 320 ATLANTIC ROAD
CITY-ST-ZIP KEY BISCAIYNE FL 33149 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
U00000040640
02/09/04-80057-003 158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

02-04-04 870-0919 (305)