

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90044 040 ***158.75

DOCUMENT # P95000044580 1. Entity Name EXPRESO INTERNACIONAL ORMENO, INC.	
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Principal Place of Business 2601 NW LEJEUNE RD MIAMI, FL 33142 US	Mailing Address 2601 NW LEJEUNE RD MIAMI, FL 33142 US
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DO NOT WRITE IN THIS SPACE

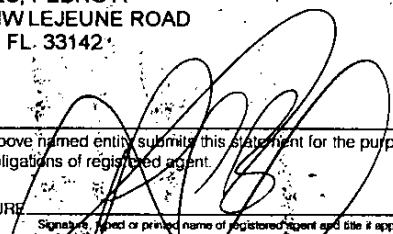


04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0723902	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FORTES, PEDRO A 2601 NW LEJEUNE ROAD MIAMI, FL 33142	DO NOT WRITE IN THIS SPACE
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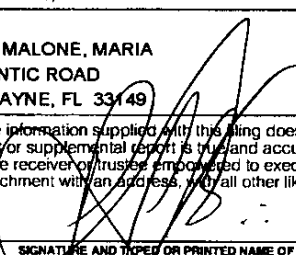
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable	DATE (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ORMENO CABRERA, JOAQUIN U 320 ATLANTIC ROAD KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ORMENO MALONE, LUIS J 320 ATLANTIC ROAD KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORMENO MALONE, JULIO C 320 ATLANTIC ROAD KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORMENO MALONE, MERCEDES I 320 ATLANTIC ROAD KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORMENO MALONE, CECILIA M 320 ATLANTIC ROAD KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORMENO MALONE, MARIA 320 ATLANTIC ROAD KEY BISCAYNE, FL 33149

**DO NOT WRITE
IN THIS SPACE**

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	Pedro Fortes - E.V.P. 04/04/05 305-870-0919 Day Daytime Phone #
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