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.

Principal Place of Business	Mailing Address
2601 NW LEJEUNE RD MIAMI, FL 33142 US	2601 NW LEJEUNE RD MIAMI, FL 33142 US

04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0723902
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FORTES, PEDRO A
2601 NW LEJEUNE ROAD
MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

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 (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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ORMENO CABRERA, JOAQUIN U
STREET ADDRESS	320 ATLANTIC ROAD
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	DS
NAME	ORMENO MALONE, LUIS J
STREET ADDRESS	320 ATLANTIC ROAD
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D
NAME	ORMENO MALONE, JULIO C
STREET ADDRESS	320 ATLANTIC ROAD
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D
NAME	ORMENO MALONE, MERCEDES I
STREET ADDRESS	320 ATLANTIC ROAD
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D
NAME	ORMENO MALONE, CECILIA M
STREET ADDRESS	320 ATLANTIC ROAD
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D
NAME	ORMENO MALONE, MARIA
STREET ADDRESS	320 ATLANTIC ROAD
CITY-ST-ZIP	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: PEDRO FORTES - E.V.P. 04/04/05 305-870-0919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #