2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2006 8:00 am
Secretary of State
05-01-2006 90360 026 ***158.75

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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

04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2951 NW 27TH AVE.	16901 SW 92ND COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: PALMETTO BAY, FL
Zip: 33142 Country: USA	Zip: 33157 Country: USA

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	7. Name and Address of New Registered Agent
FORTES, PEDRO A ~~2601 NW LEJEUNE ROAD~~ ~~MIAMI, FL 33142~~	Name Street Address (P.O. Box Number is Not Acceptable) 16901 SW 92ND COURT City PALMETTO BAY FL Zip Code 33157

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: _____ 04/27/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ORMENO CABRERA, JOAQUIN U 320 ATLANTIC ROAD KEY BISCAYNE, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ORMENO MALONE, LUIS J 320 ATLANTIC ROAD KEY BISCAYNE, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORMENO MALONE, JULIO C 320 ATLANTIC ROAD KEY BISCAYNE, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORMENO MALONE, MERCEDES I 320 ATLANTIC ROAD KEY BISCAYNE, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORMENO MALONE, CECILIA M 320 ATLANTIC ROAD KEY BISCAYNE, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORMENO MALONE, MARIA 320 ATLANTIC ROAD KEY BISCAYNE, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 empowerment.

SIGNATURE: _____ 06/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #