


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90013 049 ***150.00

| | |
|---|---|
| DOCUMENT # P96000006853 |  |
| 1. Entity Name EXPRESS PROPERTY INVESTMENTS, INC. | |

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| Principal Place of Business 6979 COLLINS AVE MIAMI BEACH, FL 33141 | Mailing Address 6979 COLLINS AVE MIAMI BEACH, FL 33141 |
|--|--|

34000902

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|--|--|
| 2. Principal Place of Business 7451 Harding Avenue | 3. Mailing Address 7451 Harding Avenue |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



01212004 Chg-P CR2E034 (10/03)

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| City & State Miami Beach, FL | City & State Miami Beach, FL |
| Zip 33141 | Country MIAMI-DADE |
| Zip 33141 | Country MIAMI-DADE |

| | |
|------------------------------------|--|
| 4. FEI Number 65-0683791 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|---|--|
| 6. Name and Address of Current Registered Agent SAFDIE, ISAAC EDUARDO 6979 COLLINS AVE MIAMI BEACH, FL 33141 | |
| 7. Name and Address of New Registered Agent Name SAFDIE, ISAAC EDUARDO Street Address (P.O. Box Number is Not Acceptable) 7451 Harding Avenue City MIAMI BEACH FL 33141 | |

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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|---|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 | P SAFDIE, ISAAC EDUARDO 6979 COLLINS AVE MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SAFDIE, ISAAC EDUARDO 7451 Harding Avenue MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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"/> Delete | 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)(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 #