2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 31, 2006 08:00 AM **DOCUMENT # P96000006853 Secretary of State** 1. Entity Name EXPRESS PROPERTY INVESTMENTS, INC. Principal Place of Business Mailing Address 7451 HARDING AVENUE 7451 HARDING AVENUE MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 No Chg-P CR2E034 (11/05) 01102006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0683791 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent SAFDIE, ISAAC EDUARDO DO NOT WRITE 7451 HARDING AVENUE MIAMI BEACH, FL 33141 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, typed at printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE 9. Election Campaign Financing FILE NOWIN FEE IS \$150.00 **\$5.00** May Be U00000412374 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 02/10/06-80044-024 150.00 10. OFFICERS AND DIRECTORS TITLE SAFDIE, ISAAC EDUARDO NAME STREET ADDRESS 7451 HARDING AVENUE CITY-ST-ZIP MIAMI BEACH, FL 33141 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the informablin supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or surficiellmental report is tripe and accurage 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 resemble the component of the corporation or the resemble the component of the corporation or the resemble the corporation or the resemble the corporation of the corporation or the resemble the corporation of the corporati

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

URE AND TYPED ON PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

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786-3446178