

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000057559

FILED
May 01, 2004
Secretary of State

Entity Name: MISSION EXPEDITION OR SOLUTION CORP.

Current Principal Place of Business:

3293 NW 7 ST
MIAMI, FL 33125 US

New Principal Place of Business:

5220 NW 72 AVE.
UNIT 18
MIAMI, FL 33166 US

Current Mailing Address:

3293 NW 7 ST
MIAMI, FL 33125 US

New Mailing Address:

5220 NW 72 AVE.
UNIT 18
MIAMI, FL 33166 US

FEI Number: 59-3630231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIDONE, ALEJANDRO R
4489 SW 10 ST
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BIDONE, ALEJANDRO R
Address: 4489 SW 10 ST
City-St-Zip: MIAMI, FL 33134

Title: DS () Delete
Name: VARELA LYNCH, CARMEN
Address: 4489 SW 10 ST
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEJANDRO BIDONE

DP

05/01/2004

Electronic Signature of Signing Officer or Director

_____ Date