2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000081513

Title:

Name:

Address:

City-St-Zip:

() Delete

ALREF, ANTHONY

TAMPA, FL 33687

PO BOX 292413

FILED Jun 04, 2004 Secretary of State

Entity Nan	ne: EXPRESS	TRADING AND INVESTMEN	TS, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
9209 KNIGI TAMPA, FL	HT BRANCH S 33637	TREET					
Current Mailing Address:			New Maili	New Mailing Address:			
9209 KNIGI TAMPA, FL	HT BRANCH ST 33637	TREET					
FEI Number:	59-3518257	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desir	red ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
REFAIE, NI 9209 KNIGI TAMPA, FL	HT BRANCH ST	TREET					
The above in the State		bmits this statement for the p	urpose of changing	its registered	office or registered agent	, or both,	
SIGNATUR							
	Electronic	Signature of Registered Age	nt		Date		
		2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notic	e.			
	AND DIRECT	` '	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () C REFAIE, NICK 9209 KNIGHT BR TAMPA, FL 3363		Title: Name: Address: City-St-Zip:	REFAIE, NIC	FBRANCH STREET		
Title: Name: Address: City-St-Zip:	D () C REFAIE, SAM P O BOX 292413 TAMPA, FL 3368		Title: Name: Address: City-St-Zip:	(()Change ()Addition		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: NICK REFAIE PD 06/04/2004

(X) Change () Addition

ALREFAIE, ANTHONY PO BOX 292413

TAMPA, FL 33687