2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P98000094199 06-14-2004 90006 017 ***150.00 EXPRESS PROCESSING, CORPORATION Principal Place of Business Mailing Address 44046584 11410 N KENDALL DRIVE 11410 N KENDALL DRIVE **SUITE 104** SUITE 104 MIAMI, FL 33176 MIAMI, FL 33176 3. Mailing Address Kondall Drive 2. Principal Place of Business 11410 N. Kendall Suite, Apt. #, etc. Suite, Apt, #, etc. 06102004 CR2E034 (10/03) 301 tc City & State Applied For 4. FEI Number City & State 65-0877350 Not Applicable Miami TICIMI \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required icimi 11ami 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Vieto NIETO, ANTONIO is (P.O. Box Number is Not Acceptable) 11410 N KENDALL DRIVE MIAMI, FL 33176 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 age SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Plupis I DVIETO ☐ Change TITLE TITLE IIVIO N Kendall Drive, Svite 204 NIETO, CLAUDIO ANTONI NAME NAME . STREET ADDRESS 11410 N KENDALL DRIVE STREET ADDRESS MIAMI, FL 33176 CITY-ST-7IP Miami, FC. 3317 6 CITY-ST-ZIP Channe ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY#ST=ZIP# Delete TITLE ~ ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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.

FILED

Jun 14, 2004 8:00 am

-261.1

Date



June 9, 2004

Florida Department of State Division Of Corporations P.O. Box 6198

-Tallahassee, Fl-32314=

Re: Document #98000094199

To whom it may concern,

Please be advised we had not received our Form UBR for 2004 and when we looked on line we noticed your office still had our old address on file. We have made the corrections on the Form so this doesn't happen again next year. Please process this form and check to bring our account current.

We assure you it will not happen again and if you have any questions plese call me at 786 301-2821.

Thank you for your assistance and we look forward to a favorable response.

Regards,

Claudio Nieto, President