

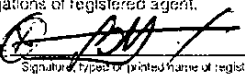
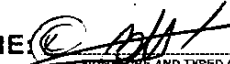
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90060 002 *****8.75
02-08-2005 90060 001 ***150.00

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DOCUMENT # P98000101397			
1. Entity Name XPRESS CAFE CORP.			
Principal Place of Business 5895 NW 167 STREET MIAMI, FL 33012 US		Mailing Address 41 WEST 32 T HAILEAH, FL 33012 US	
2. Principal Place of Business		3. Mailing Address -5895 NW 167TH ST-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI FL	
Zip	Country	Zip	Country
		33015	
01252005		Chg-P	CR2E034 (10/03)
4. FEI Number 65-0879707		Applied For Not Applicable	
5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOREJON, NIURYS 5895 NW 167 STREET MIAMI, FL 33015		7. Name and Address of New Registered Agent Name: BIENVENIDO GARCIA Street Address (P.O. Box Number is Not Acceptable): 5895 NW 167TH ST. City: MIAMI FL Zip Code: 33015	
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 		DATE 2/1/05	
Signature of typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when translating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PSTD MOREJON, NIURIS 5895 NW 167 ST.REET MIAMI, FL 33015 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BIENVENIDO GARCIA 5895 NW 167TH ST. MIAMI, FL 33015 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 		DATE 2/1/05	
Signature and typed or printed name of signing officer or director		Daytime Phone #	