

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000024049

1. Entity Name
EXPRESS BROKERS INC.



Principal Place of Business

7105 N.W. 53 TR
MIAMI, FL 33166

Mailing Address

7105 N.W. 53 TR
MIAMI, FL 33166

2. Principal Place of Business

7105 N.W. 53 TR

3. Mailing Address

2911 SW 36th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

USA

Zip

33133

Country

USA

10032006

REIN-P

CR2E098 (11/05)

4. FEI Number

65-0903713

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OBANA, JACQUELINE
7105 N.W. 53TR
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name JACQUELINE OBANA

Street Address (P.O. Box Number is Not Acceptable)

2911 SW 36th

City MIAMI

FL

Zip Code

33133

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/30/2006

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PELAEZ, ALICIA
STREET ADDRESS 11114 S.W. 125TH AVENUE
CITY-ST-ZIP MIAMI, FL 33186

TITLE D ☐ Delete
NAME OBANA, JACQUELINE
STREET ADDRESS 2911 S.W. 36TH COURT
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700080462557
CITY-ST-ZIP 10/04/06--01039--002 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/2006 305-8634200

Date

Daytime Phone #

FILED

2006 OCT -4 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/9/06