

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # S30574			
1. Entity Name TELEXPRESS, INC.			
Principal Place of Business 7141 COLLINS AVE MIAMI BEACH, FL 33141		Mailing Address 7141 COLLINS AVE MIAMI BEACH, FL 33141	
DO NOT WRITE IN THIS SPACE		03282006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0244679 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, ALBERTO 5401 COLLINS AVE APT 220 MIAMI BEACH, FL 33140		DO NOT WRITE IN THIS SPACE	
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 not a corporation) (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees U00000487577 04/13/06-80082-016 158.75	
10. OFFICERS AND DIRECTORS			
TITLE	DP		
NAME	GONZALEZ, ALBERTO		
STREET ADDRESS	7141 COLLINS AVE		
CITY- ST- ZIP	MIAMI BEACH, FL 331413240		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
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CITY- ST- ZIP			
TITLE			
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: _____		03-28-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	