

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90024 023 ***150.00

DOCUMENT # S52316

1. Entity Name

EXPRESS MARKETING & SALES CORP.



Principal Place of Business

2308 NE 13TH ST
FORT LAUDERDALE FL 33304
US

Mailing Address

2308 NE 13TH ST
FORT LAUDERDALE FL 33304
US

2. Principal Place of Business

1515 CORAL RIDGE DR.

Suite, Apt. #, etc.

3. Mailing Address

1515 CORAL RIDGE DR.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

City & State

FT. LAUDERDALE, FL.

Zip

33304

Country

USA

Zip

33304

Country

USA

4. FEI Number

65-0263744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GROSSMAN, MITCHELL
2308 NE 13TH ST
FORT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GROSSMAN, MITCHELL**
STREET ADDRESS **2308 NE 13TH ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
CITY-ST-ZIP

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

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-404 (954) 258-7424