

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90043 009 ***158.75

DOCUMENT # V55600
 1. Entity Name
EXPAM CORPORATION



Principal Place of Business Mailing Address
 2150 NW 93 AVE. 2150 NW 93 AVE.
 MIAMI, FL 33172 US MIAMI, FL 33172 US

94033142



03092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0363856 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 FREEMAN, PAUL H.
 1840 WEST 49 ST
 STE 410
 HIALEAH, FL 33012

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	FREEMAN, PAUL H	
STREET ADDRESS	1840 WEST 49 ST	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TERAN, RENE	
STREET ADDRESS	400 ISLAND DRIVE	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TERAN, LAURA	
STREET ADDRESS	400 ISLAND DRIVE	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NOGUEIRA, EDUARDO	
STREET ADDRESS	2150 NW 93 AVE	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TERAN, RENATA	
STREET ADDRESS	400 ISLAND DR.	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP TERESITA ZAPATA	
STREET ADDRESS	5673 SW 150 AVE.	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **3/12/04** **305-592-0111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #