


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90105 042 \*\*\*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**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



03042008      Chg-P      CR2E034 (12/06)

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 BISCAVAYNE, FL 33149	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TERAN, LAURA	
STREET ADDRESS	400 ISLAND DRIVE	
CITY-ST-ZIP	KEY BISCAVAYNE, FL 33149	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ZAPATA, TERESITA	
STREET ADDRESS	5673 SW 150 AVE.	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 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:**  **RENE TERAN**      **03/24/08**

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #