


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2004 8:00 am
Secretary of State

02-23-2004 90022 041 ***150.00

DOCUMENT # V65396			
1. Entity Name SPEEDY MESSENGER SERVICES, INC.			
Principal Place of Business 8181 NW 36 ST SUITE 20 D MIAMI FL 33166 US		Mailing Address 8181 NW 36 ST SUITE 20 D MIAMI FL 33166 US	
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 65-0369301		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



MOORE CR2E034 (11/03)

8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HERNANDEZ, LILIAM 1225 SW 143RD PLACE MIAMI FL 33175		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 reorganizing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME HERNADEZ, JUAN		NAME	
STREET ADDRESS 1225 SW 143RD PLACE		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME HERNANDEZ, LILIAM		NAME	
STREET ADDRESS 1225 SW 143RD PLACE		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 