


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90065 040 ***150.00

DOCUMENT # V65396

1. Entity Name
SPEEDY MESSENGER SERVICES, INC.



Principal Place of Business Mailing Address

8181 NW 36 ST **8181 NW 36 ST**
SUITE 20 D **SUITE 20 D**
MIAMI, FL 33166 US **MIAMI, FL 33166 US**

40107111



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2025 N.W. 102 ND AVE **2025 N.W. 102 ND AVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.
STE. 106 **STE. 106**

04242007 Chg-P CR2E034 (12/06)

City & State City & State

DORAL, FL. **DORAL FL.**

Zip Country Zip Country
33172 **MIAMI-DADE** **33172** **MIAMI-DADE**

4. FEI Number Applied For

65-0369301 Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, LILIAM
1225 SW 143RD PLACE
MIAMI, FL 33175

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HERNADEZ, JUAN	
STREET ADDRESS	1225 SW 143RD PLACE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, LILIAM	
STREET ADDRESS	1225 SW 143RD PLACE	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Juan Hernandez Date: 04/27/07 Daytime Phone # _____

JUAN HERNANDEZ