

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90217 023 ***150.00



DOCUMENT # V65396
 1. Entity Name
SPEEDY MESSENGER SERVICES, INC.

Principal Place of Business Mailing Address
 2025 N.W. 102ND AVENUE, STE 106 2025 N.W. 102ND AVENUE, STE 106
 DORAL, FL 33172 US DORAL, FL 33172 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 10773 NW v8 Street 10773 NW v8 Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #230 #230



04162008 Chg-P CR2E034 (12/06)

City & State City & State
 MIAMI, FL MIAMI, FL
 Zip Country Zip Country
 33178 US 33178 US

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
 RIVA, ANDRES
 2025 NW 102 AVE #106
 MIAMI, FL 33172

7. Name and Address of New Registered Agent
 Name Andres RIVAS
 Street Address (P.O. Box Number is Not Acceptable)
 10773 NW v8 Street
 City MIAMI FL Zip Code 33178

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: Ivonne T. Cuellar T. VPD ANDRES RIVAS 04/28/08
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD RIVA, ANDRES 2025 NW 102 AVE #106 MIAMI, FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CUELLAR, IVONNE 2025 NW 102 AVE #106 MIAMI, FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	10773 NW v8 Street #230 MIAMI, FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	10773 NW v8 Street #230 MIAMI, FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ivonne T. Cuellar T. VPD 04/28/08
Signature and typed or printed name of signing officer or director Date Daytime Phone #

IVONNE CUELLAR