


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90042 021 \*\*\*\*61.25

<b>DOCUMENT # 713234</b> 1. Entity Name <b>LETTER CARRIER HOLDING CORPORATION, BRANCH 2550, INC.</b>					
Principal Place of Business <b>3062 NW 60 AVE. FT LAUDERDALE, FL 33313</b>			Mailing Address <b>3062 NW 60 AVE. FT LAUDERDALE, FL 33313</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1205572</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>CARTER, NOLA 3062 NW 60 AVE FORT LAUDERDALE, FL 33313-1203</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZIBROSKY, ROSEMARIE 670 SW 66 AVE MARGATE, FL 33068		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURIDO, WILLIAM 1305 EAST GLEN OAK ROAD POMPAHO BEACH FL 33068-3954	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CARTER, NOLA 1101 SW 39 AVE FORT LAUDERDALE, FL 33312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'KEEFE, BILL 8330 NW 18 ST PEMBROKE PINES, FL 33024		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPRESTI, TOM 908 SW 149 TERR SUNRISE, FL 333261948		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMAHON, DON 5962 NW 93 TERR FORT LAUDERDALE, FL 33321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISRAEL, BRETT 5821 AURORA COURT LAKE WORTH, FL 33463		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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 617, 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: <i>Nola J Carter</i> <span style="float: right;">1-21-06.</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



01192006 Chg-NP CR2E037 (11/05)

Applied For  
Not Applicable

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

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 \_\_\_\_\_

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

10. OFFICERS AND DIRECTORS

TITLE	T	Delete
NAME	ZIBROSKY, ROSEMARIE	
STREET ADDRESS	670 SW 66 AVE	
CITY-ST-ZIP	MARGATE, FL 33068	
TITLE	C	Delete
NAME	CARTER, NOLA	
STREET ADDRESS	1101 SW 39 AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	S	Delete
NAME	O'KEEFE, BILL	
STREET ADDRESS	8330 NW 18 ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	D	Delete
NAME	LOPRESTI, TOM	
STREET ADDRESS	908 SW 149 TERR	
CITY-ST-ZIP	SUNRISE, FL 333261948	
TITLE	V	Delete
NAME	MCMAHON, DON	
STREET ADDRESS	5962 NW 93 TERR	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321	
TITLE	D	Delete
NAME	ISRAEL, BRETT	
STREET ADDRESS	5821 AURORA COURT	
CITY-ST-ZIP	LAKE WORTH, FL 33463	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 617, 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.