

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G04586

FILED
Jan 11, 2008
Secretary of State

Entity Name: (YES) PRINTING AND COURIER SERVICES, INC.

Current Principal Place of Business:

2601 SOUTH BAYSHORE DR., STE. 1000
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2601 SOUTH BAYSHORE DR., STE. 1000
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 59-2337579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAS, CARLOS A
2525 PONCE DE LEON BLVD., #400
MIAMI, FL 331346012 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BERMELLO, WILLY A
Address: 2601 GRANADA BLVD
City-St-Zip: CORAL GABLES, FL 331345549

Title: DT () Delete
Name: BERMELLO, GUILLERMO R
Address: 726 SANTANDER AVENUE
City-St-Zip: CORAL GABLES, FL

Title: DS () Delete
Name: BERMELLO, DAYSI
Address: 2601 GRANADA BLVD
City-St-Zip: CORAL GABLES, FL 331345549

Title: DEVP () Delete
Name: AJAMIL, LUIS
Address: 2601 S BAYSHORE DR.
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLY A BERMELLO

DP

01/11/2008

Electronic Signature of Signing Officer or Director

Date