2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G67591

City-St-Zip:

Entity Name: ZAP COURIER SERVICES INC

FILED Apr 30, 2005 Secretary of State

| Entity Nai | ne: ZAP COC | IRIER SERVICES, | INC. | | | | | |
|---|---------------------------------|------------------------|------------------|--|-----------------------------|-------------|---------------------|-------------|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | | |
| 4253 SW 7 MIAMI, FL | | | | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | | |
| | OFFICES OF 2 77TH AVE., ST | OHN MARGOLIS E. 330 | | | | | | |
| FEI Number: | 59-2357279 | FEI Number Applie | d For() | FEI Number Not Appl | icable () | Certific | ate of Status Desir | red () |
| Name and | Address of C | urrent Registered | d Agent: | Name and | Address o | New Reg | gistered Agent: | |
| 9900 SW 7 SUITE 330 | | | | | | | | |
| | named entity s e of Florida. | submits this statem | ent for the purp | oose of changing i | ts registered | l office or | registered agent | t, or both, |
| SIGNATUR | RE: | | | | | | | |
| | Electron | ic Signature of Reg | gistered Agent | | | | Date | |
| Election Car | npaign Financing | Trust Fund Contribu | ition (). | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | | |
| Title: Name: Address: City-St-Zip: | ` ' | | | Title: Name: Address: City-St-Zip: | | () Change | () Addition | |
| Title: Name: Address: | () | Delete | | Title: Name: Address: | S EDWARDS, 4253 SW 71 | DEBORAH | (X) Addition | |

City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: OWEN EDWARDS PRES 04/30/2005