

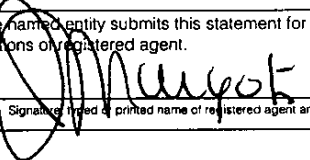
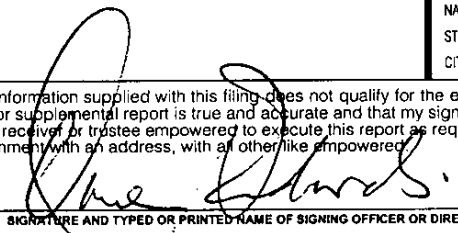


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90121 049 \*\*\*150.00

<b>DOCUMENT # G67591</b> 1. Entity Name <b>ZAP COURIER SERVICES, INC.</b>					
Principal Place of Business <b>4253 SW 71 AVE</b> <b>MIAMI, FL 33155</b> <b>US</b>			Mailing Address <b>C/O LAW OFFICES OF JOHN MARGOLIS</b> <b>9990 SW 77TH AVE., STE. 330</b> <b>MIAMI, FL</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address <b>Jennifer A. Margolis Esq.</b> Suite, Apt. #, etc. <b>1533 Sunset Dr. #225</b> City & State <b>Coral Gables, FL</b> Zip                      Country <b>33143</b> <b>USA</b>			
4. FEI Number <b>59-2357279</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>MARGOLIS, JOHN A.</b> <b>9900 SW 77TH AVE</b> <b>SUITE 330</b> <b>MIAMI, FL 33156</b>			7. Name and Address of New Registered Agent Name <b>Jennifer A. Margolis, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1533 Sunset Drive, Ste. 225</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33143</b>		
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  <b>Jennifer Margolis, attorney</b> DATE <b>4-22-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, OWEN GARFIELD 4253 SW 71ST AVE MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWARDS, DEBORAH 4253 SW 71 AVE MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
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 an otherlike empowered.					
SIGNATURE: 		Date <b>4/23/08</b>		Daytime Phone # <b>786-402-2524</b>	
<b>OWEN EDWARDS</b>					