2008 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # J67580 1. Enilty Name AMERICAN POSTAL AND BUSINESS SERVICES, INC.

FILED Apr 24, 2008 08:00 AN Secretary of State

			600 ME TO				
260 CRANDON BLVD SUITE 32		Mailing Address 260 CRANDON BLVD SUITE 32 KEY BISCAYNE, FL 33149	US			######################################	
BETANCO 301 GULF	6. Name and Address of Current Resourt, DIEGO RD. AYNE, FL 33149	CE 03242008 No Chg-P CR2E034 (11/05) 4. FEI Number 59-2815125 Not Applied For Not Applied For See Required 5. Certificate of Status Desired \$8.75 Additional Fee Required DO NOT WRITE IN THIS SPACE					
the obligati	named entity submits this statement for the ions of registered agent. Sgnature, typed or profed name of registered agent and to		ed office or registe		h, in the State of Flor	oda. Tam familiar wi	th, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution				.00 May Be ded to Fees	U000000 05/13/08-0	918634 80089-018 1	150.00
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP	OFFICERS AND DIR P BETANCOURT, DIEGO 301 GULF ROAD KEY BISCAYNE, FL 33149	EC10HS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE					
DTLE NAME STREET ADDRESS CITY-SI-ZIP ITLE NAME							
STREET ADDRESS CITY-ST-ZIP 12. Thereby co	ertify that the information supplied with this	filing does not qualify for the exe	emptions contained	in Chapter 119.	Florida Statutes, I fu	urther 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 nade under outh; that I am an officer or director of the corporation or the receiver or dissee 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 Modrids, with all other like empowered DIETANCOURT

PRESIDENT

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR