2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2004 8:00 am Secretary of State DOCUMENT # K23905 1. Entity Name 02-16-2004 90060 036 ***150.00 DOMESA COURIER CORPORATION Principal Place of Business Mailing Address 8250 N.W. 25TH ST., STE 2 MIAMI FL 33122 8250 N.W. 25TH ST., STE 2 94015617 MIAMI FL 33122 2. Principal Place of Business 8250 NW CR2E034 (11/03) Applied For 4. FEI Number 65-0060953 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired UCA UG A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONCEPCION, CARLOS F Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BOULEVARD., STE 2000 MIAMI FL 33131 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 Signature, typed or printed name of registered agent and title if applicable guired when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD Addition TITLE Delete TITLE Herro a Guayabal **GUARIGUATA, GUSTAVO** NAME NAME 8250 N.W. 25TH ST., STE 2 STREET ADDRESS No- 36 STREET ADDRESS 8ta. MIAMI FL 33122 CITY-ST-ZIP City-St-7IP Caralos SD Delete TITLE Change Addition TITLE MACIAS, WILLIAM NAME NAME STREET ADDRESS 8250 N.W. 25TH ST., STE 2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 TITLE TD ☐ Delete TITLE NAME NAME TORTOLERO, JOEL calle 100 clave STREET ADDRESS STREET ADDRESS 8250 N.W. 25TH ST., STE 2 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information subplied with this filing does not qualify 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 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 of 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 all other like empowered. **SIGNATURE:** Daytime Phone # SIGNATURE AND TYPER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

FILED