2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State
02-28-2006 90019 010 ***158.75

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1. Entity Name
DOMESA COURIER CORPORATION

50000667

Principal Place of Business	Mailing Address
8250 NW 25TH ST. STE. 2 MIAMI, FL 33122	8250 NW 25TH ST. STE. 2 MIAMI, FL 33122

02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0060953 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONCEPCION, CARLOS F
200 SOUTH BISCAYNE BOULEVARD., STE 2000
MIAMI, FL 33131

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GUARIGUATA, GUSTAVO
STREET ADDRESS	PUENTE DE HERRO A GUAYABAL
CITY-ST-ZIP	CARACES, VZUELE,
TITLE	SD
NAME	MACIAS, WILLIAM
STREET ADDRESS	AVE TERESA DE LA PAN
CITY-ST-ZIP	CARACES, VUELE,
TITLE	TD
NAME	TORTOLERO, JOEL
STREET ADDRESS	CALLE 10 CLAVE SUE, ESQ, PTE
CITY-ST-ZIP	CARACES, VZUELE,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: Joel Tortolero 2/21/06 (305) 477-6715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #