2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #L11208

SOUTH FLORIDA MESSENGER SERVICE, INC.



FILED Mar 19, 2007 08:00 A Secretary of State

Principal Place of Business

667 N. BISCAYNE RIVER DR. MIAMI, FL 33169 US

Mailing Address

667 N. BISCAYNE RIVER DR. MIAMI, FL 33169 US



DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 65-0139479 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent CLARKSON JUNE M. ESO.

1311 ADA SECOND HOLLYWO		IN THIS SPACE				
•		•				(*
	named entity submits this statement for the plions of registered agent.	ourpose of changing its register	ed office or registered a	gent, or both, in the	State of Florida. I am famili	ar with, and accep
SIGNATURE_	Signature, typed or printed name of registered agent and little				DATE	
	Signature, typed or printed name of registered agent and little	ir applicable. (NOTE: Hegistere	d Agen) signature required when	reinstating)	DAIE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	 Election Campaign Finar Trust Fund Contribution. 	scing \$5.00 Added to	Maybe ტე /უ	100000670228 17/07-80104-014	150.00
10.	OFFICERS AND DIREC	CTORS		3 2 2 6 3	P 176 (1 9)	* * * * * * * * * * * * * * * * * * * *
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMARIO, FRANK A. 667 NORTH BISCAYNE RIVER DR MIAMI, FL 33169					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-7IP					SPACE	

CITY-ST-ZIP 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.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank A. DeMario

March 13, 2007

(305) 754-8330

Daytime Phone #