

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M01525

1. Entity Name
LIGHTNING COURIER, CORP.



Principal Place of Business

245 S.E. 1ST STREET
SUITE 440
MIAMI, FL 33131

Mailing Address

245 S.E. 1ST STREET
SUITE 440
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2416278

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTRO, FELIPE
29655 S.W. 166TH COURT
HOMESTEAD, FL 33033

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reconstituting)

U00000957023
08/04/08 88886 004 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CASTRO, FELIPE
STREET ADDRESS 29655 S.W. 166TH COURT
CITY-ST-ZIP HOMESTEAD, FL

TITLE VST
NAME CASTRO, CATALINA
STREET ADDRESS 29655 S.W. 166TH COURT
CITY-ST-ZIP HOMESTEAD, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/2008 305-3818399

Date

Daytime Phone #