## 2005 FOR PROFIT CORPORATION

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 21, 2005 08:00 AM **ANNUAL REPORT** Secretary of State **DOCUMENT # M97347** 1. Entity Name ALL-STAR COURIER, INC. Mailing Address Principal Place of Business 8031 S.W. 18TH TERRACE 8031 S.W. 18TH TERRACE MIAMI, FL 33155 MIAMI, FL 33155 01062005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0071534 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALAMEDA, WILFREDO DO NOT WRITE 8031 S.W. 18TH TERRACE MIAMI, FL 33155 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. RD TITLE CARDENAS, NEIDA NAME STREET ADDRESS 8031 S.W. 18TH TERR. U00000187756 01/24/05-80028-011 150.00 MIAMI, FL 33155 CITY-ST-ZIP TITLE ALAMEDA, WILFREDO STREET ADDRESS 8031 S.W. 18TH TERR. CITY-ST-ZIP MIAMI, FL 33155 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 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

**FILED** 

Daytime Phone #