

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000009829

FILED
Apr 22, 2009
Secretary of State**Entity Name:** DANNY'S MESSENGER AOG COURIER, INC.**Current Principal Place of Business:**1835 NW 112 AVE
176
DORAL, FL 33172**New Principal Place of Business:****Current Mailing Address:**1835 NW 112 AVE
176
DORAL, FL 33172**New Mailing Address:****FEI Number:** 65-0977155**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CARCHI, DANNY
1835 NW 112 AVE
176
DORAL, FL 33172 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: CARCHI, DANNY
Address: 1835 NW 112 AVE SUITE 176
City-St-Zip: DORAL, FL 33172**Title:** V () Delete
Name: CARCHI, JOSE
Address: 17558 SW 11 ST
City-St-Zip: PEMBROKE PINES, FL 33029**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: LUIS, FARIAS
Address: 1690 BECKS PLCE
City-St-Zip: BELLMORE, NY 111710

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANNY CARCHI

P

04/22/2009

Electronic Signature of Signing Officer or Director_____
Date