2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000058617

QUICK COURIER SERVICE-MIAMI INC.



FILED Apr 21, 2005 08:00 AM Secretary of State

Principal Place of Business

MIAMI, FL 33155

7101 SW 16TH TERRACE

Mailing Address

7101 SW 16TH TERRACE MIAMI, FL 33155



04152005 - No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1019222

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

S.	Name	and	Address	of	Current	Rec	gistered	Agent

CORONADO, NESTOR 7360 CORAL WAY

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SUITE 21 MIAMI, FL	33155	-	IN THIS SPACE				
8. The above the obligati	named entity submits this statement for the pions of registered agent.	purpose of changing its registered	office or r	egistered agent, or b	ooth, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and titlo	Samulantia (SOT Paristered)		required when reinstating)	DATE		
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.		\$5.00 May Be Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PSD HERNANDEZ, ORLANDO P 7101 SW 16TH TERRACE MIAMI, FL 33155	CTORS			U00000321667 04/21/05-80086-018 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOPEZ, ALEXEXANDER 7101 SW 16TH TERRACE MIAMI, FL 33155						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS			IN THIS SPACE				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> Harance SIGNING OFFICER OR DIRECTOR

Daytime Phone #