


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State

06-20-2005 90002 026 ***158.75

DOCUMENT # P01Q00010463					
1. Entity Name EXPRESS PARCEL SERVICE INTERNATIONAL (EPS), INC.					
Principal Place of Business 7001 NW 37 ST MIAMI, FL 33166-6559			Mailing Address 2222 PONCE DE LEON BLVD. PENTHOUSE CORAL GABLES, FL 33134		
2. Principal Place of Business 2222 Ponce de Leon Blvd.		3. Mailing Address			
Suite, Apt. #, etc. Penthouse		Suite, Apt. #, etc.			
City & State Coral Gables, Florida		City & State		4. FEI Number NOT APPLICABLE	
Zip 33134		Country USA		Applied For Not Applicable	
Zip 33134		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RODON ALVAREZ, MARY LOU 2222 PONCE DE LEON BLVD. PENTHOUSE CORAL GABLES, FL 33134				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MENICUCCI, DINO ORTEGA Y GASSET NO. 40 SANTO DOMINGO, DM.	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MENICUCCI, ANGELO ORTEGA Y GASSET NO. 40 SANTO DOMINGO, DM.	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENICUCCI, LUIS REYNALDO ORTEGA Y GASSET NO. 40 SANTO DOMINGO, DM.	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MENICUCCI, RAFAEL ORTEGA Y GASSET NO. 40 SANTO DOMINGO, DM.	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: _____		Chairman/Director		6-13-05 (305) 445-8881	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

MARY LOU RODON-ALVAREZ, P.A.

ATTORNEYS AT LAW
2222 PONCE DE LEON BLVD.
PENTHOUSE SUITE
CORAL GABLES, FLORIDA 33134-5039
TELEPHONE 305- 445- 8881
FACSIMILE 305- 445- 6761

MARY LOU RODON-ALVAREZ

Email mrodon@sralaw.com

40088682
#P01000010463

June 17, 2005

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Ref: Annual Report for
Express Parcel Service International (EPS), Inc.
Our File No.: 1831

Dear Sirs:

Please be advised that our office represents the above named corporation and we are also the registered agent for the corporation.

To date, we have not received the annual report for the corporation.

Enclosed please find the 2005 Annual Report duly signed by the Chairman of the corporation.

Enclosed please find our check to cover the filing fee and certificate of good status.

Should you have any questions, please contact our office.

Sincerely,

MARY LOU RODON-ALVAREZ, P.A.

BY: 

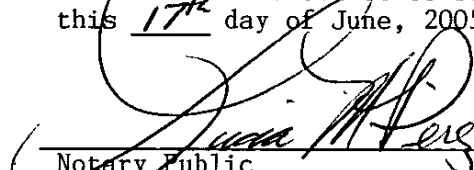
Mary Lou Rodon-Alvarez

MRA/lmp

Encl.

Cc: Express Parcel Service International (EPS), Inc.

Sworn to and Subscribed to before me
this 17th day of June, 2005.


Notary Public



Lucia M. Perez
MY COMMISSION # DD234669 EXPIRES
July 24, 2007
BONDED THRU TROY FAIR INSURANCE, INC.