

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010463

FILED
Feb 06, 2006
Secretary of State

Entity Name: EXPRESS PARCEL SERVICE INTERNATIONAL (EPS), INC.

Current Principal Place of Business:

2222 PONCE DE LEON BLVD
PENTHOUSE
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

2222 PONCE DE LEON BLVD
PENTHOUSE
MIAMI, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RODON ALVAREZ, MARY LOU
2222 PONCE DE LEON BLVD.
PENTHOUSE
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MENICUCCI, DINO
Address: ORTEGA Y GASSET NO. 40
City-St-Zip: SANTO DOMINGO, DM,

Title: SD () Delete
Name: MENICUCCI, ANGELO
Address: ORTEGA Y GASSET NO. 40
City-St-Zip: SANTO DOMINGO, DM,

Title: D () Delete
Name: MENICUCCI, LUIS REYNALDO
Address: ORTEGA Y GASSET NO. 40
City-St-Zip: SANTO DOMINGO, DM,

Title: CD () Delete
Name: MENICUCCI, RAFAEL
Address: ORTEGA Y GASSET NO. 40
City-St-Zip: SANTO DOMINGO, DM,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RAFAEL MENICUCCI

CD

02/06/2006

Electronic Signature of Signing Officer or Director

Date