

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000010463

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



Principal Place of Business
**2222 PONCE DE LEON BLVD
PENTHOUSE
MIAMI, FL 33134**

Mailing Address
**2222 PONCE DE LEON BLVD
PENTHOUSE
MIAMI, FL 33134**



04282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000747201
05/17/07-80015-017 158.75

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MENICUCCI, DINO ORTEGA Y GASSET NO. 40 SANTO DOMINGO, DM, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MENICUCCI, ANGELO ORTEGA Y GASSET NO. 40 SANTO DOMINGO, DM, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MENICUCCI, LUIS REYNALDO ORTEGA Y GASSET NO. 40 SANTO DOMINGO, DM, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD MENICUCCI, RAFAEL ORTEGA Y GASSET NO. 40 SANTO DOMINGO, DM, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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.

SIGNATURE: Angelo Menicucci **Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07

Date

Daytime Phone #