

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010463

FILED  
Apr 30, 2008  
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 ( )

## 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:

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

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: MARY LOU RODON

04/30/2008

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 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: ANGELO MENICUCCI

SD

04/30/2008

Electronic Signature of Signing Officer or Director

Date