2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000059752

Entity Name: LUMALPE COURIER DELIVERY, INC.

FILED Jun 18, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

14020 BISCAYNE BLVD SUITE 406 NORTH MIAMI BEACH, FL 33181

Current Mailing Address: New Mailing Address:

P.O BOX 601475 14020 BISCAYNE BLVD

NORTH MIAMI BEACH, FL 33160 406

NORTH MIAMI BEACH, FL 33181

FEI Number: 65-1112726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEREZ, LUIS M
730 N.E. 160 ST
PEREZ, LUIS M
690 N.E. 160 TERR

NORTH MIAMI BEACH, FL 33162 US NORTH MIAMI BEACH, FL 33162 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: LUIS M PEREZ 06/18/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: PEREZ, LUIS M Name: PEREZ, LUZ E

 Address:
 730 N.E. 160 ST
 Address:
 14020 BISCAYNE BLVD 406

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33162
 City-St-Zip:
 NORTH MIAMI BEACH, FL 33181

City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: NORTH MIAMI BEACH, FL 33181

Title: () Delete Title: VP () Change (X) Addition

Name: Name: ELLIOTT, JASON

Address: Address: 14020 BISCAYNE BLVD 406
City-St-Zip: City-St-Zip: NORTH MIAMI BEACH, FL 33181

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 PEREZ, LUIS M

 Address:
 Address:
 690 NE 160 TERR

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LUIS M PEREZ VP 06/18/2004