

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2004 8:00 am
Secretary of State

09-03-2004 90001 038 ***150.00

DOCUMENT # P02000004992

1. Entity Name
FASTPACK COURIER NETWORK, CORP.



Principal Place of Business
**7311 NW 12TH STREET #12
MIAMI, FL 33126**

Mailing Address
**7311 NW 12TH STREET #12
MIAMI, FL 33126**

54071584



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
03-0383686

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AVARRETE, LILA C
8251 NW 8TH STREET #405
MIAMI, FL 33126

Name
LILA C. NAVARRETE

Street Address (P.O. Box Number is Not Acceptable)

13917 SW 28th St.

City
MIAMI

FL

Zip Code
33175

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/30/04

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
ARLEGUI, JOSE I
8251 NW 8TH STREET #405
MIAMI, FL 33126

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
NAVARRETE, LILA C
8251 NW 8TH STREET #405
MIAMI, FL 33126

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
NAVARRETE, LILA C
13917 SW 28th St.
Miami, FL 33175
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/04 (305) 233-9699

Date

Daytime Phone #

Lila Claudia Navarrete