

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000101344

1. Entity Name - - -
ASSOCIATED MESSENGER EXPRESS, INC.



Principal Place of Business

1041 W. COMMERCIAL BLVD., SUITE 102
FT. LAUDERDALE, FL 33309

Mailing Address

1041 W. COMMERCIAL BLVD., SUITE 102
FT. LAUDERDALE, FL 33309



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3654918

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, JEFFREY B
1401 E. BROWARD BLVD., #206
FT. LAUDERDALE, FL 33301

**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

10. OFFICERS AND DIRECTORS

TITLE D
NAME RUSSELL, WILLIAM R JR.
STREET ADDRESS 1041 W. COMMERCIAL BLVD., SUITE 102
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE
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CITY-ST-ZIP

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U00000591782
01/19/07-80037-013 150.00

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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/06

Date

954-275-4419

Daytime Phone #