



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90122 032 ***150.00

DOCUMENT # P02000104062					
1. Entity Name ALLWAYS CARRIER, INC.					
Principal Place of Business 14665 SW 115TH TERRACE MIAMI, FL 33186			Mailing Address 14665 SW 115TH TERRACE MIAMI, FL 33186		
2. Principal Place of Business 12244 SW 123 PLACE Suite, Apt. #, etc.		3. Mailing Address 12244 SW 123 PLACE Suite, Apt. #, etc.			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 16-1628394	
Zip 33186		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESTEVEZ, MIGUEL 14665 SW 115TH TERRACE MIAMI, FL 33186				7. Name and Address of New Registered Agent Name: ESTEVEZ MIGUEL Street Address (P.O. Box Number is Not Acceptable): 12244 SW 123 PLACE City: MIAMI FL Zip Code: 33186	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME ESTEVEZ, MIGUEL STREET ADDRESS 14665 SW 115TH TERRACE CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE P NAME ESTEVEZ MIGUEL STREET ADDRESS 12244 SW 123 PLACE CITY-ST-ZIP MIAMI FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME RAMIREZ, CECILIA STREET ADDRESS 14665 SW 115TH TERRACE CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE ST NAME RAMIREZ CECILIA STREET ADDRESS 12244 SW 123 PLACE CITY-ST-ZIP MIAMI FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					