

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90649 040 ***150.00

DOCUMENT # P03000002521	
1. Entity Name Rapid Courier & Messenger Service INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1093A W 29th St	3. Mailing Address 1093A W 29th St
Subp. Apt. #, etc. Hialeah FL	Subp. Apt. #, etc. Hialeah FL
City & State 33012 USA	City & State 33012 USA
Zip	Country

54031461

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3677865	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Olga Suri
Street Address (P.O. Box Number Is Not Acceptable) 1437 West 44th Place
City Hialeah
State FL
Zip Code 33012

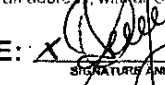
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent.

SIGNATURE X 	President	04/07/04
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January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS																					
<table border="1"> <tr> <td>TITLE President</td> <td>NAME Olga Suri</td> </tr> <tr> <td>STREET ADDRESS 1437 West 44th Place</td> <td>CITY-STATE-ZIP Hialeah, FL 33012</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-STATE-ZIP</td> </tr> </table>	TITLE President	NAME Olga Suri	STREET ADDRESS 1437 West 44th Place	CITY-STATE-ZIP Hialeah, FL 33012	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
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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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other fee empowered.

SIGNATURE: X 	President	04/07/04	305-884-8223
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CR2E034B (12/02)