## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 25, 2005 8:00 am Secretary of State DOCUMENT # P03000027914 1. Entity Name 04-25-2005 90270 003 \*\*\*150.00 NET COURIER, CORP. Principal Place of Business Mailing Address 4911 NW 91ST TERRACE 4911 NW 91ST TERRACE SUNRISE, FL 33351 SUNRISE, FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142005 Chg-P CR2E034 (10/03) Applied For 4. FEI Number City & State City & State 04-3745831 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Encal ENCALADA, MARGARITA Street Address (P.O. Box Number is Not Acceptable) 4911 NW 91ST TERRACE. SUNRISE, FL 33351 lenr Zip Code 33335 Mrigg e purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity the obligations of regis SIGNATURE. and ament and tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May 8e 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Andres Encalada ENCALADA, MARGARITA NAME NAME NW 91 Terr. STREET ADDRESS 4911 NW 91ST TERRACE STREET ADDRESS 125E CITY-ST-7/P SUNRISE, FL 33351 CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CMY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**