


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

05-04-2004 90121 015 \*\*\*150.00

**DOCUMENT # P03000034289**

1. Entity Name  
**COURIER BY PIER, CORPORATION**



Principal Place of Business  
**10020 NORTH KENDALL DR  
 SUITE Y2-  
 MIAMI, FL 33176**

Mailing Address  
**10020 NORTH KENDALL DR-  
 SUITE Y2-  
 MIAMI, FL 33176**

**14019386**



2. Principal Place of Business  
**6332 S.W. 139 CT.**

3. Mailing Address  
**6332 S.W. 139 CT.**

Suite, Apt. #, etc.

04292004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33183**

Country  
**MIAMI-DADE**

Zip  
**33183**

Country  
**MIAMI DADE**

4. FEI Number  
**13-4245151**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NALVARTE, PIER A-  
 10020 NORTH KENDALL DR  
 SUITE Y2-  
 MIAMI, FL 33176**

7. Name and Address of New Registered Agent

Name  
**PIER A NALVARTE**

Street Address (P.O. Box Number is Not Acceptable)  
**6332 S.W. 139 CT.**

City  
**MIAMI**

FL Zip Code  
**33183**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00.**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT NALVARTE, PIER A 10020 NORTH KENDALL DR, SUITE Y2 MIAMI, FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6332 S.W. 139 CT. MIAMI, FL 33183	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:** *Pier A Nalvarte* **NALVARTE PIER A, PRESIDENT** **4/29/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #