

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000036978

1. Entity Name
MJS INT'L COURIERS, INC.



Principal Place of Business

8209 NW 30 TERRACE.
MIAMI, FL 33122

Mailing Address

8209 NW 30 TERRACE
MIAMI, FL 33122

FILED
Aug 29, 2008 08:00 AM
Secretary of State



05042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0508718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYERS, ELICIA
8015 SW 133RD CT.
MIAMI, FL 33183

**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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MAYERS, ELICIA
STREET ADDRESS 8015 SW 133RD CT.
CITY-ST-ZIP MIAMI, FL 33183

TITLE D
NAME MAYERS, JEANNINE
STREET ADDRESS 8015 SW 133RD CT.
CITY-ST-ZIP MIAMI, FL 33183

TITLE D
NAME MAYERS, ROBERT
STREET ADDRESS 10254 SW 128 CT
CITY-ST-ZIP MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000958614
08/29/08-80003-022 150.00

**DO NOT WRITE
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

Date

Daytime Phone #