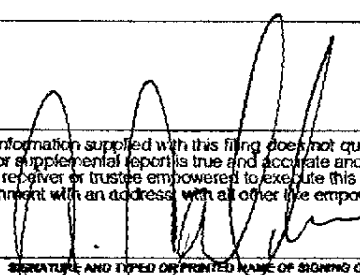


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000040694 1. Entity Name ROADMASTER COURIER SERVICES, INC.			
Principal Place of Business 8272 NW 68 ST. MIAMI, FL 33166		Mailing Address 8272 NW 68 ST. MIAMI, FL 33166	
DO NOT WRITE IN THIS SPACE			
		05022006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1182394	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent CALDERON, ADRIAN 9311 SW 88 TERRACE MIAMI, FL 33176		DO NOT WRITE IN THIS SPACE	
9. 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 renewing) DATE: _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		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		DO NOT WRITE IN THIS SPACE 000000560234 05/18/06-80034-004 150.00	
TITLE	PT		
NAME	CALDERON, JUAN J		
STREET ADDRESS	9311 SW 88 TERRACE		
CITY-ST-ZIP	MIAMI, FL 33176		
TITLE	VPS		
NAME	CALDERON, ADRIAN J		
STREET ADDRESS	9311 SW 88 TERRACE		
CITY-ST-ZIP	MIAMI, FL 33176		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 the empowered.			
SIGNATURE: 		5-1-06 305-718-9903	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	