


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90023 034 ***150.00

DOCUMENT # P03000041478	
1. Entity Name INTERNACIONAL COURIER SIGLO XXI, INC.	

Principal Place of Business 5459 NW 72ND AVE. MIAMI, FL 33166 4456 N.W. 74 AV.	Mailing Address 5459 NW 72ND AVE. MIAMI, FL 33166 4456 N.W. 74 AV.
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2. Principal Place of Business - No P.O. Box # 4456 NW 74th AVENUE	3. Mailing Address 4456 NW 74th AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33166	Zip 33166
Country MIAMI-DADE	Country MIAMI-DADE

02192008 Chg-P CR2E034 (12/06)

4. FEI Number
37-1463824

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

6. Name and Address of Current Registered Agent CORINADO, NESTOR 7360 CORAL WAY, SUITE 21 MIAMI, FL 33155	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV ROMERO, ADAN A 8343 N.W. LAKE DR. APT. # K106 DORAL, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRE ALVAREZ, EVA L P. O. BOX 669247 MIAMI, FL 33166 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 another like empowered.

SIGNATURE: Adan A. Romero **PRE.** 02-22-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #