2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000048499 05-03-2004 91003 037 ***150.00 QUETZAL COURIER, INC. Principal Place of Business Mailing Address 13353 DOUBLETREE CIRCLE 13353 DOUBLETREE CIRCLE WELLINGTON, FL 33414 US WELLINGTON, FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 20-0013142 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARRA, JOSE ORLANDO Street Address (P.O. Box Number is Not Acceptable) 13353 DOUBLETREE CIRCLE WELLINGTON, FL 33414 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE PARRA, JOSE ORLANDO NAME NAME STREET ADDRESS 13353 DOUBLETREE CIRCLE STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE PARRA, KELLY FARLEY NAME NAME 13353 DOUBLETREE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition VARON-GIL, JAIRO ENRIQUE NAME NAME STREET ADDRESS 6995 NW 186 STREET #405-E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33015 ☐ Change ☐ Addition TITLE ☐ Delete TITLE RIVERA ARCHILA, GUSTAVO E NAME NAME 15 AV. 16-15 EL ALAMO ZONA 7 DE MIXCO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GUATEMALA, GU 01007** CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 of sustee employered to execute this eport 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 puter like employered.

Jose O. Parra

D NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

04/29/2004

(561) 795-0842

FILED

May 03, 2004 8:00 am