


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90428 039 \*\*\*150.00

**DOCUMENT # P0300086613**

1. Entity Name  
**SOL PALMERAS ENVIOS EXPRESS & SERVICES CORP.**




Principal Place of Business      Mailing Address  
**10629 SW 68 TERR**      **10629 SW 68 TERR**  
**MIAMI, FL 33173**      **MIAMI, FL 33173**

2. Principal Place of Business      3. Mailing Address  
**383 EAST 1ST AVE**      Suite, Apt. #, etc.

City & State      City & State  
**MIAMI, FLORIDA**      City & State

Zip      Country      Zip      Country  
**33010**      **USA**



02062004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**06-1703738**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI, FL 33145**

**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALVAREZ, IBELMYS 10629 SW 68 TERR MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALVAREZ, JORMAN M. 10629 SW 68 TERR MIAMI, FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ALVAREZ, JORMAN M 10629 SW 68 TERR MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ALVAREZ, IBELMYS 10629 SW 68 TERR MIAMI, FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerments.

SIGNATURE:       Date: \_\_\_\_\_      Daytime Phone #: **(305) 805-7326**      **(305) 598-8400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR