


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000033082
 1. Entity Name
PRIORITY CONNECT COURIER SERVICES INCORPORATED



Principal Place of Business Mailing Address
5421 NW 197 LANE **5421 NW 197 LANE**
MIAMI, FL 33055 **MIAMI, FL 33055**

DO NOT WRITE IN THIS SPACE



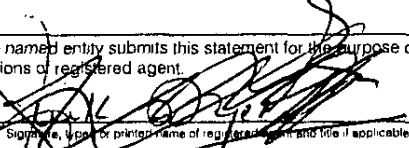
03252008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0766716	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
2731 EXECUTIVE PKWY DR.
SUITE A
WESTON, FL 33331

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:  DATE: **4-27-08**

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

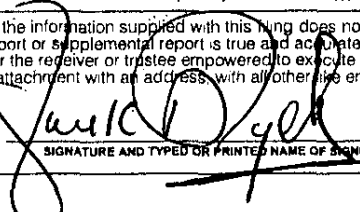
U00000933990
 05/23/08-80014-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MYERS, FRAMNK
STREET ADDRESS	5421 NW 197 LANE
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  C.E.O. **4-27-08** **305-335-3991**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #