

2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/23/2005-90005-026-\$150.00-\$150.00

DOCUMENT # P04000042868

1. Entity Name
D. E. G. O. EXPRESS COURIER CORPORATION



FILED

05 JUN 16 PM 1:04

20-2864223 STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
850 SUPERIOR ST
OPALOCKA, FL 33054

Mailing Address
850 SUPERIOR ST
OPALOCKA, FL 33054

2. Principal Place of Business
850 Superior St

3. Mailing Address
SALIE

City & State
Opalocka, FL 33054

City & State
City
Country

05202005 Chg-P CR2E034 (10/03)

4. FEI Number
20-2864223

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

6. Name and Address of Current Registered Agent
**VALLE, CARLOS R
850 SUPERIOR ST
OPALOCKA, FL 33054**

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
Due by September 7, 2005**

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete VALLE, CARLOS R 850 SUPERIOR ST OPALOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/03/2005
Date Daytime Phone #

ATTACHMENT

40085304
P04000042868

May 20, 2005

To: **INTERNAL REVENUE SERVICES.**
CORPORATE NAME: **D E G O EXPRESS COURIER CORP.**
EIN: **20-2864223**

I'm sending the Annual report with the respective form included,
because until today date I didn't receive noting.

If you need more information here is my phone number (786)-286-
1283.

Sincerely



Carlos Valle.