
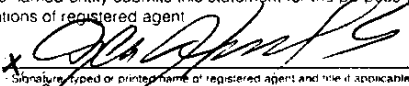
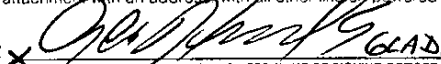


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90210 044 \*\*\*150.00

<b>DOCUMENT # P04000158807</b> 1. Entity Name <b>CONDOR TRAVEL &amp; COURIER SERVICES CORP.</b>			
Principal Place of Business <b>3179 N.W. NORTH RIVER DRIVE MIAMI, FL 33142</b>		Mailing Address <b>3179 N.W. NORTH RIVER DRIVE MIAMI, FL 33142</b>	
2. Principal Place of Business <b>2901 S.W. 8 ST.</b> Suite, Apt. #, etc. <b># 203</b>		3. Mailing Address <b>2901 S.W. 8 ST.</b> Suite, Apt. #, etc. <b># 203</b>	
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>	
Zip <b>33135</b>		Zip <b>33135</b>	
Country <b>U.S.A</b>		Country <b>U.S.A</b>	
4. FEI Number <b>20-1951884</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RAMIREZ, GIORGIO L 5900 S.W. 73RD STREET, SUITE 304 MIAMI, FL 33143</b>		7. Name and Address of New Registered Agent Name <b>GLADYS L. HUERE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2901 S.W. 8 ST. Suite #203</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33135</b>	
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 			
(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete NAME HUERE, GLADYS STREET ADDRESS 3179 N.W. NORTH RIVER DRIVE CITY- ST- ZIP MIAMI, FL 33142	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
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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, changed, or on an attachment with an address with all other like empowered			
SIGNATURE:  <b>GLADYS L. HUERE</b> <b>PRESIDENT</b> <b>04/25/2005</b> <b>(305) 649-0832</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			