

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90391 047 ***158.75

DOCUMENT # P05000019821

1. Entity Name
POSTMASTER GP, INC.



Principal Place of Business
7483 SW 24TH STREET SUITE 209
MIAMI, FL 33155

Mailing Address
7483 SW 24TH STREET SUITE 209
MIAMI, FL 33155

40057320



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-2332917

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONOUGH, BRIAN J
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI, FL 33130

Name DE PEDRO GONZALEZ, MARIA N.

Street Address (P.O. Box Number is Not Acceptable)

7483 SW 24TH ST, SUITE 209

City

MIAMI

FL

Zip Code

33155

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

Mania de Pedro Gonzalez

4-22-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 D ☒ Delete
NAME DUFFIE, ALBEN
STREET ADDRESS 6013 NW 7TH AVENUE 2ND FLOOR
CITY-ST-ZIP MIAMI, FL 33127

TITLE ☒ Change ☐ Addition
NAME DUFFIE, ALBEN
STREET ADDRESS 6013 NW 7TH AVENUE, 2ND FLOOR
CITY-ST-ZIP MIAMI - FL - 33127

TITLE D ☐ Delete
NAME FULLER, ALLEN D
STREET ADDRESS 201 ALHAMBRA CIRCLE SUITE 602
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☒ Change ☐ Addition
NAME BELL, KEITH A.
STREET ADDRESS 100 SE 3RD AVENUE
CITY-ST-ZIP FT. LAUDERDALE - FL - 33394

TITLE D ☐ Delete
NAME ELFENBEIN, PAMELA PHD
STREET ADDRESS 3000 NE 151 STREET AC1 234
CITY-ST-ZIP NORTH MIAMI, FL 33181

TITLE ☐ Change ☒ Addition
NAME MORRIS-WEEKS, BURNADE RE
STREET ADDRESS 100 SE 6TH STREET
CITY-ST-ZIP FT. LAUDERDALE - FL - 33301

TITLE ☒ Delete
NAME ROSEMOND, DANIEL A
STREET ADDRESS 18804 NW 79TH WAY
CITY-ST-ZIP HIALEAH, FL 33015

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BELL, KEITH A
STREET ADDRESS 6541 SW 4TH STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33023

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ABAD, MAGALI R
STREET ADDRESS 2430 SW 18TH STREET
CITY-ST-ZIP MIAMI, FL 33145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mania de Pedro Gonzalez

4-22-06

305-267-3624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #