

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000019821

Entity Name: POSTMASTER GP, INC.

FILED
Feb 28, 2007
Secretary of State

Current Principal Place of Business:

7483 SW 24TH STREET SUITE 209
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7483 SW 24TH STREET SUITE 209
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-2332917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE PEDRO GONZALEZ, MARIA N
7483 SW 24TH ST
SUITE 209
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: DUFFIE, ALBEN
Address: 6013 NW 7TH AVENUE 2ND FLOOR
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: BELL, KEITH A
Address: 100 SE 3RD AVE
City-St-Zip: FORT LAUDERDALE, FL 33394

Title: D () Delete
Name: ELFENBEIN, PAMELA PHD
Address: 3000 NE 151 STREET AC1 234
City-St-Zip: NORTH MIAMI, FL 33181

Title: D () Delete
Name: MORRIS-WEEKS, BURNADETTE
Address: 100 SE 6TH ST
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: ABAD, MAGALI R
Address: 2430 SW 18TH STREET
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBEN DUFFIE

PCD

02/28/2007

Electronic Signature of Signing Officer or Director

Date