


FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90047 030 ***158.75

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01142008		Chg-P	CR2E034 (12/06)
4. FEI Number 20-2332917		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE PEDRO GONZALEZ, MARIA N 7483 SW 24TH ST SUITE 209 MIAMI, FL 33155		7. Name and Address of New Registered Agent Name MDHA DEVELOPMENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 7483 SW 24 STREET 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 <u><i>[Signature]</i></u> , <u>Executive Director, MDHA OC</u> <u>1/15/08</u> Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DUFFIE, ALBEN 6013 NW 7TH AVENUE 2ND FLOOR MIAMI, FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, KEITH A 100 SE 3RD AVE FORT LAUDERDALE, FL 33394 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NORMA C. POWELL 17100 NE 19 AVENUE NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELFENBEIN, PAMELA PHD 3000 NE 151 STREET AC1 234 NORTH MIAMI, FL 33181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GEORGE YAP 2450 NW 76 STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS-WEEKS, BURNADETTE 100 SE 6TH ST FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HENRY ANGELO P.O. BOX 226408 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABAD, MAGALI R 2430 SW 18TH STREET MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHESTER ESCOBAR 1395 BRICKELL AVENUE, SUITE 650 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: <u><i>[Signature]</i></u> <u>Authorized Signatory</u> <u>1/15/08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			