2006 FOR PROFIT CORPORATION

AMENDED ANNUAL REPORT				T FIL	<b>E</b> N
DOCUMENT # P05000051328  1. Entity Name MAG COURIER, INC.				2006 OCT 13	AM 9: 04 LUT STATE EE, FLORIDA
Principal Place of Business 8435 N.W. 72ND STREET MIAMI, FL 33166		Mailing Address 8435 N.W. 72ND STREET MIAMI, FL 33166		-	
2. Principal Place of Business  2236 W 53 PL  Suite, Apt. #, etc.		3. Mailing Address  2236 W 53 PL  Suite, Apt. #, etc.		09262006 Chg-P	CR2E034 (11/05)
City & State	e Hialeah FL Country	City & State  Hialeah, FL  Zip	Country	4. FEI Number 20-2693829  5. Certificate of Status Desired	Applied For Not Applicable  \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  QUTIERREZ, MARIO JR  8435 NW 72 STREET  MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  2236 W 53 PL  Hialeah, FL  City  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 egistered agent.  SIGNATURE  Signature. Typed or printed in the of registered agent and title if applicable. (NOTE: Pegist-leg: As jut signature required when reinstating)  DATE					
Amended AR is \$61.25  9. Election Campaign Trust Fund Contrib			·	5.00 May Be dded to Fees  ADDITIONS/CHANGES TO OFFICE	DEDC AND DIDECTORS IN 44
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUTIERREZ, MARIO JR 8435 NW 72 STREET MIAMI, FL 33166	<b>3</b> Delete	TITLE NAME	PD Enrique A Chaverr 1001 NW 27 Ct Miami, FL 33125	∴ Uhange 🙀 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUTIERREZ, MARIO SR 8435 NW 72 STREET MIAMI, FL 33166	😡 Delete	NAME STREET ADDRESS	STD Ricardo J Berrios 2236 W §3 PL Hialeah, Fl 33016	Change 🔀 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		— ∐∳lèlete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	######################################	Company Addition 15 September 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B. 10/19	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY ST-ZIP	certify that the information cumplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Change Addition

I nereby 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OF FIGURE OF CHARGE OF CHARGE

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