

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90096 050 ***150.00

DOCUMENT # P05000102009					
1. Entity Name INFINITY COURIER EXPRESS, CORP.					
Principal Place of Business 4000 SW 31 ST DR HOLLYWOOD, FL 33023			Mailing Address 4000 SW 31 ST DR HOLLYWOOD, FL 33023		
2. Principal Place of Business - No P.O. Box # 6960 NW 177 SE Suite, Apt. #, etc. 104		3. Mailing Address 6960 NW 177 SE Suite, Apt. #, etc. 104		04302007 Chg-P CR2E034 (12/06)	
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 20-3193806	
Zip 33015		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARIN, OLGA L 4000 SW 31 ST DR HOLLYWOOD, FL 33023			7. Name and Address of New Registered Agent Name <u>MARIN OLGA L.</u> Street Address (P.O. Box Number is Not Acceptable) <u>6960 NW 177 SE #104</u> City <u>MIAMI</u> FL Zip Code <u>33015</u>		
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>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD MARIN, OLGA 4000 SW 31 ST DR HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARIN OLGA 6960 NW 177 SE #104 MIAMI FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D BACUYLIMA, JULIO C 4000 SW 31 ST DR HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D BACUYLIMA JULIO 6960 NW 177 SE #104 MIAMI FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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: <u>[Signature]</u>			04-30-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		