

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000126019**

1. Entity Name  
**ERRANDS R' US OF SOUTH FLORIDA INC**



Principal Place of Business  
**1805 SW 99TH AVE  
MIRAMAR, FL 33025**

Mailing Address  
**1805 SW 99TH AVE  
MIRAMAR, FL 33025**



04262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**THOMPSON, PETA GAY  
1805 SW 99TH AVE  
MIRAMAR, FL 33025**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**U00000759564  
05/24/07-80047-010 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	THOMPSON, PETA GAY
STREET ADDRESS	1805 SW 99TH AVE
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	V
NAME	SAMUELS, ANNMARIE
STREET ADDRESS	1791 SW 119 TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	T
NAME	BOXHILL, DONNA
STREET ADDRESS	6981 SW 25 STREET
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/7 950 4991312**  
Date Daytime Phone #

**PETA-GAY THOMPSON**