2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000048281

City-St-Zip:

PARKLAND, FL 33067

FILED May 16, 2007 Secretary of State

Entity Na	me: POSTAI	OGIC MAILING SOLUTIONS CO	ORP.		
Current Principal Place of Business: 18441 NW 2ND AVE., STE. 101			New Principal Place o	of Business:	
MIAMI, FL	33169	712. 101			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
18441 NW MIAMI, FL	⁷ 2ND AVE., S 33169	STE. 101			
FEI Number	: 20-4626945	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
DEWITT, RICHARD 2000 PONCE DE LEON BLVD. 6TH FLOOR CORAL GABLES, FL 33134 US				18441 NW 2ND AVE., STE. 101	
	e named entity e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: THOMAS D SIEBER				05/16/2007	
	Electro	nic Signature of Registered Age	nt	Date	
		93(2)(b), F.S., the corporation did not ng Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SIEBER, THO	ON BLVD., #1204	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD (DUGARTE, JA 13620 SW 13 MIAMI, FL 33	6 TERRACE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	SHERWOOD,) Delete RANDALL T TERRACE, #2301	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: THOMAS D SIEBER PRES 05/16/2007