

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000102815

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: DESTINY'S COURIER SERVICES INC.

## Current Principal Place of Business:

6045 NW 186 STREET #120  
HIALEAH, FL 33015

## New Principal Place of Business:

19021 NW 54 AVE  
MIAMI GARDENS, FL 33055

## Current Mailing Address:

6045 NW 186 STREET #120  
HIALEAH, FL 33015

## New Mailing Address:

19021 NW 54 AVE  
MIAMI GARDENS, FL 33055

FEI Number: 26-1114954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROMAN, ROSAURA  
6045 NW 186 STREET #120  
HIALEAH, FL 33015 US

## Name and Address of New Registered Agent:

ROMAN, ROSAURA  
19021 NW 54 AVE  
MIAMI GARDENS, FL 33055 US

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.

SIGNATURE: ROSAURA ROMAN

02/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROMAN, ROSAURA  
Address: 6045 NW 186 STREET #120  
City-St-Zip: HIALEAH, FL 33015

Title: VP ( ) Delete  
Name: MARQUEZ, LAZARO  
Address: 6045 NW 186 STREET #120  
City-St-Zip: HIALEAH, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ROMAN, ROSAURA  
Address: 19021 NW 54 AVE  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: VP (X) Change ( ) Addition  
Name: MARQUEZ, LAZARO  
Address: 19021 NW 54 AVE  
City-St-Zip: MIAMI GARDENS, FL 33055

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.

SIGNATURE: ROSAURA ROMAN

P

02/12/2009

Electronic Signature of Signing Officer or Director

Date