

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000057525

Entity Name: POSTMASTERS USA, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

8953 NW 23 STREET
MIAMI, FL 33172

New Principal Place of Business:

2977 MCFARLANE RD
2ND FLOOR
MIAMI, FL 33133

Current Mailing Address:

8953 NW 23 STREET
MIAMI, FL 33172

New Mailing Address:

2977 MCFARLANE RD
2ND FLOOR
MIAMI, FL 33133

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORREST SYGMAN, P.A.
8603 SOUTH DIXIE HIGHWAY, SUITE 303
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: PANKEY, JEFFREY
Address: 2977 MCFARLANE RD , 2ND FLOOR
City-St-Zip: MIAMI, FL 33133 US

Title: VD () Change (X) Addition
Name: LEON, MARIO
Address: 2977 MCFARLANE RD, 2ND FLOOR
City-St-Zip: MIAMI, FL 33133 US

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: JP

PD

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date