

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90108 037 ***150.00

DOCUMENT # P36746

1. Entity Name
WORLD COURIER GROUND, INC.



Principal Place of Business
8308 NW 30 TERRACE
MIAMI, FL 33122 US

Mailing Address
72 PINE STREET
PROVIDENCE, RI 02903 US

DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0299257

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZALLER, MARC 46 SOUTHFIELD AVE, BLDG 3 STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BERGER, JAMES R. 46 SOUTHFIELD AVE., BL 3 STAMFORD, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEYLAND, WAYNE B. W. 46 SOUTHFIELD AVE., BL 3 STAMFORD, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DURNIAK, MICHAEL 72 PINE STREET PROVIDENCE, RI 02903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, CLINTON 901 YAMATO RD. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAMS, ROBYN 72 PINE STREET PROVIDENCE, RI 02903

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

Michael Durniak MICHAEL DURNIAK

4/11/05

401 459 0950 x19