

2005

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90280 018 \*\*\*150.00

**DOCUMENT #** P94000024403**1. Entity Name**

Direct Forwarding, Inc.

**DO NOT WRITE IN THIS SPACE****20041783****DO NOT WRITE IN THIS SPACE****2. Principal Place of Business**

8309 N.W. 66th St.

Suite, Apt. #, etc.

**3. Mailing Address**

8309 N.W. 66th St.

Suite, Apt. #, etc.

**City & State**

Miami, FL

Zip

33166

Country

USA

**City & State**

Miami, FL

Zip

33166

Country

USA

**4. FEI Number**

65-0477948

**Applied For**

Not Applicable

**5. Certificate of Status Desired**☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE****7. Name and Address of Current Registered Agent****Name**

Cordero, Margarita

**Street Address (P.O. Box Number is Not Acceptable)**

854 N.W. 87th Ave., Apt. 509

**City**

Miami

**FL****Zip Code**

33172

**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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

**9. Election Campaign Financing  
Trust Fund Contribution.**☐

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D/P/S/T	<b>TITLE</b>	
<b>NAME</b>	Cordero, Margarita	<b>NAME</b>	
<b>STREET ADDRESS</b>	854 N.W. 87th Ave., Apt. 509	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	Miami, FL 33172	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
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<b>TITLE</b>		<b>TITLE</b>	
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<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

**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)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margarita Cordero

Date

305-592-0206

Daytime Phone #

CR2E034B (12/02)