

2006

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90384 023 ***150.00

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DOCUMENT # P94000024403					
1. Entity Name Direct Forwarding, Inc.					
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 <input type="checkbox"/>		\$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 \$350.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Cordero, Margarita 854 N.W. 87th Ave., Apt. 509 Miami, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ Margarita Cordero 4/24/06 305-592-0206					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034B (12/02)