

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000042223		
1. Entity Name SPEEDY COURIER DISPATCH, INC.		

Principal Place of Business 1295 N.E. 118TH STREET MIAMI FL 33161	Mailing Address 12750 SW 14 PLACE DAVIE FL 33325
---	--



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/05)
4. FEI Number 65-0681957	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TORRES, PAMELA T 12750 SW 14 PLACE DAVIE FL 33325		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS ☐ Delete	TITLE	☐ Change ☐ Add
NAME	TORRES, PAMELA T	NAME	
STREET ADDRESS	12750 SW 14 PLACE	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325	CITY-ST-ZIP	
TITLE	VPT ☐ Delete	TITLE	☐ Change ☐ Add
NAME	TORRES, JORGE L	NAME	
STREET ADDRESS	12750 SW 14 PLACE	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Add
NAME	TORRES, BRAZILIO	NAME	
STREET ADDRESS	644 NW 147 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33168	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Pamela J. Torres* **PAMELA J. TORRES (B) 02/21/06 (305) 751-5642**