

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 8:00 am
Secretary of State

02-20-2006 90051 020 ***150.00

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1. Entity Name
EXCEL COURIER SERVICES, INC.



Principal Place of Business
**4121 N. ANDREWS AVE.
FORT LAUDERDALE, FL 33309 US**

Mailing Address
**4121 N. ANDREWS AVE.
FORT LAUDERDALE, FL 33309 US**



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0679660

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DE LEMOS, ROBERTO A PTD
8630 NW 56TH. ST.
CORAL SPRINGS, FL 33067**

**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 obligation of, registered agent.

SIGNATURE

Robert DeLemos - **ROBERTO DE LEMOS - PRESIDENT. 02/08/06**

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	DE LEMOS, ROBERTO A PTD
STREET ADDRESS	8630 NW 56TH. ST.
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	VSD
NAME	COSTA, JOSE VSD
STREET ADDRESS	5589 MICHLAR DR.
CITY-ST-ZIP	LAKEWORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Robert DeLemos **03/06/06 954-5638020**

Date

Daytime Phone #