2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 22, 2006 08:00 Al Secretary of State

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|--|--|--|--------------------|-----------------------------------|--|--|
| DOCUMENT # P98000004411 1. Enlity Name MPO-U.S. MAILING AND PACKING SERVICES, INC. | | | | | Secretary of Stat | |
| Principal Plac | e of Business | Mailing Address | | 7 | | |
| 1602 ALTON | ROAD | 1602 ALTON ROAD | | } | | |
| MIAMI BEACH | I, FL 33139 | MIAMI BEACH, FL 33139 | | | | |
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| U | O NOI WRITE | III ILIO OLVI | UE | | 4. FEI Number Applied For | |
| | | | | 65-0804668 Not Applicable | | |
| | | | | 5. Certificate | of Status Desired S8.75 Additional | |
| ···· | 6. Name and Address of Current R | reletored Amont | | | Fee Required | |
| | 6. Name and Address of Current R | -dizreted Wilett | 1 | : | ••• | |
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| MIAMI, FL 33131 | | | 1 | IIA | I MIS 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 tide il applicable. (NOTE, Registered Agent signature required when reinstating) DATE | | | | | | |
| | | · T | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | | 5.00 May Be ided to Fees | U00000477397 04/06/06-80049-017 150.00 | |
| 10, | OFFICERS AND D | RECTORS | | | | |
| TITLE | D | | 1 | | • | |
| NAME | TANGARI, MARINA | | | | | |
| STREET ADDRESS | 1602 ALTON ROAD | | į. | | | |
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| CITY-ST-ZIP | | | I | | | |
| | Perify that the information sumplied with t | his filing does not qualify for the ex- | emptions contain | ed in Chapter 11 | 9. Florida Statutes I further certify that the information | |
| indicated | on this report or supplemental report is t | rue and accurate and that my signa | ture shall have th | e same legal effe | 9, Florida Statutes. I further certify that the information ct as if made under oath, that I am an officer or director | |
| or the cor changed | poration or the receiver or trustee empoy , or on an attachment with an address, wi | rered to expedite this report as requi th all other like empowered. | ned by Chapter 6 | o/, ribrida Statuti | es; and that my name appears in Block 10 or Block 11 if | |