2008 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** Jan 17, 2008 08:00 AM **DOCUMENT # P98000025469 Secretary of State** 1. Entity Name **QSTAR COURIER INC.** Principal Place of Business Mailing Address 630 SW 32 AVE P 0 BOX 352251 MIAMI, FL 33135 MIAMI, FL 33135 01132008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0582365 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUINTERO, JOSE I DO NOT WRITE 630 SW 32 AVE MIAMI, FL 33135 IN THIS SPACE

9. Election Campaign Financing

Trust Fund Contribution.

the obligations of registered agent.

FILE NOWIII FEE IS \$150.00

After May 1, 2008 Fee will be \$550.00

QUINTERO, JOSE I

MIAMI, FL 33135

630 S.W. 32 AVENUE

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

OFFICERS AND DIRECTORS

SIGNATURE.

10.

TITLE

NAME STREET ADDRESS

TITLE NAME. STREET ADDRESS CITY-ST-7P

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS

CITY+ST-ZIP TITLE

CITY-ST-ZIP

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

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be

Added to Fees

01/18/08-80010-009 isn.nn

U00000787697

DATE

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

uit-ai-ar			
TITLE			
NAME			
STREET ADDRESS		•	
CITY-ST-ZIP	Charles to the second second		
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:			
	SIGNATÚRIE AND TYPED OR PRINTED NAME OF BIGNING OFFICIER OR DIRECTOR	Dete	Davime Phone #