

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90314 032 ***150.00

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1. Entity Name

COMMERCIAL SECURITY COURIER, INC.



Principal Place of Business

387 NORTHEAST 69 STREET
MIAMI FL 33138

Mailing Address

P.O. BOX 403892
MIAMI BEACH FL 33140-3892



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

65-0944505

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

ZULOAGA, IVETTE
925 ARTHUR GODFREY RD
MIAMI BEACH FL 33140

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

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

(NOTE: Registered Agent signature required when reconstituting)

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 D ☐ Delete
NAME ZULOAGA, IVETTE
STREET ADDRESS 925 ARTHUR GODFREY RD
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE D ☒ Change ☐ Addition
NAME Zuloaga, Ivette
STREET ADDRESS 1521 ALTON Rd #314
CITY-ST-ZIP Miami Beach, FL 33139

TITLE P ☐ Delete
NAME ZULOAGA, GUSTAVO
STREET ADDRESS 925 ARTHUR GODFREY RD
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE P ☒ Change ☐ Addition
NAME zuloaga, GUSTAVO
STREET ADDRESS 1521 ALTON Rd #314
CITY-ST-ZIP Miami Beach, fl 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Ivette Zuloaga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 305-604-9696
Date Daytime Phone #