

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90013 011 ***150.00

DOCUMENT # P99000070980

1. Entity Name
GLOBAL PARCEL SERVICES-FLORIDA, INC.



Principal Place of Business

36 N.E. 1ST STREET
SUITE 429
MIAMI, FL 33132

Mailing Address

36 N.E. 1ST STREET
SUITE 429
MIAMI, FL 33132

54010490



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0941373

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WAKNINE, HAI
36 N.E. 1ST STREET
SUITE 429
MIAMI, FL 33132

**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 obligations of registered agent.

SIGNATURE: _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WAKNINE, HAI
STREET ADDRESS	550 S HILL ST #103
CITY - ST - ZIP	LOS ANGELES, CA 90013
TITLE	TS
NAME	WAKNINE, HAI
STREET ADDRESS	550 S HILL ST #103
CITY - ST - ZIP	LOS ANGELES, CA 90013
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 exemption stated in Section 119.07(3)(i), 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: ✓

HAI WAKNINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 2/13/04

Date

213-688-7800

Daytime Phone #