

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**


05-07-2003 90170 019 \*\*\*150.00

0209946 AV

DOCUMENT # S04460

1. Entity Name  
BULLET COURIER SERVICE, INC.

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The seal of the State of Florida is located in the bottom right corner. It features a circular design with the words "THE GREAT SEAL OF THE STATE OF FLORIDA" around the perimeter and "IN GOD WE TRUST" at the bottom. The center of the seal depicts a landscape with a palm tree, a sun, and a body of water.

Principal Place of Business	Mailing Address
1626 NW 82 AVENUE	1626 NW 82 AVENUE
MIAMI FL 33126	MIAMI FL 33126
US	US

2. Principal Place of Business 7270. Wb. 35 Terr.	3. Mailing Address P.O. Box 44-0474
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami, FL 33122</b>		City & State <b>Miami, FL 33144</b>	
Zip	Country	Zip	Country

4. FEI Number	65-0232946	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>BETANCOURT, MAGALY</b> <b>1626 NW 82 AVENUE</b> <b>MIAMI FL 33126</b>	Name
	Street Address
	City

7. Name and Address of New Registered Agent	
(P.O. Box Number is Not Acceptable)	
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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <del>After May 1, 2003 Fee will be \$550.00</del> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <del>Trust Fund Contribution.</del> <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>BETANCOURT, PEDRO</b> <b>1626 NW 82 AVENUE</b> <b>MIAMI FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (10/02)