2007
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
07 JAN 31 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V35212

1. Entity Name
POSTAL & PARCEL ETC., INC.

Principal Place of Business	Mailing Address
10201 HAMMOCKS BLVD. 153 MIAMI FL 33196 US	10201 HAMMOCKS BLVD 11315 SW 173 Terrace SUITE 153 Miami, FL 33157 MIAMI FL 33196 US US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0331006 ☐ 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
HANKERSON, JOHN A. 11315 SW 173RD TER MIAMI FL 33157	Name Barbara C. Hankerson Street Address (P.O. Box Number Is Not Acceptable) 11315 SW 173 Terrace City Miami FL Zip Code 33157

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 Barbara C. Hankerson
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D (President Emeritus) HANKERSON, JOHN A 11315 SW 173RD TER MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Anita L. Hankerson 11315 SW 173 Terrace Miami, FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500086801215 01/31/07--01021--028 **150.00	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Barbara C. Hankerson 11315 SW 173 Terrace Miami, FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☑ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Barbara C. Hankerson Barbara C. Hankerson 1/26/07 305-774-7746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #