

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90152 036 \*\*\*150.00

**DOCUMENT # P00000019735**

1. Entity Name  
**PACSETTERS DELIVERY, INC.**



Principal Place of Business  
**9204 SABAL PALM CIR**  
**WINDERMERE, FL 34786**

Mailing Address  
**9204 SABAL PALM CIR**  
**WINDERMERE, FL 34786**

**14015541**



2. Principal Place of Business  
**1345 PINE AVE**

3. Mailing Address  
**2277 LAKEVILLE RD**

04232004 Chg-P CR2E034 (10/03)

City & State  
**ORLANDO FL**

City & State  
**APOPKA, FL**

Zip  
**32824**

Zip  
**32703**

4. FEI Number  
**59-3626843**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ALI, AHAMEER**  
**9204 SABAL PALM CIRCLE**  
**WINDERMERE, FL 34786**

7. Name and Address of New Registered Agent

Name  
**SHAMEER ALI**

Street Address (P.O. Box Number is Not Acceptable)  
**2277 LAKEVILLE RD**

City  
**APOPKA**

FL Zip Code  
**32703**

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 \_\_\_\_\_ (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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ALI, SHAMEER</b> <b>9204 SABAL PALM CIRCLE</b> <b>WINDERMERE, FL 34786</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2277 LAKEVILLE RD</b> <b>APOPKA, FL - 32703</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>UP</b> <b>AKBAR ALLAN ALI</b> <b>2277 LAKEVILLE RD</b> <b>APOPKA, FL 32703</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Shameer Ali **SHAMEER ALI**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04 407850-9880  
 Date Daytime Phone #