2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000036091

1. Entity Name

JULIO M. DELIVERY, CORP.



Principal Place of Business

13321 SW 28 TER MIAMI, FL 33175 Mailing Address

13321 SW 28 TER MIAMI, FL 33175



DO NOT WRITE IN THIS SPACE

01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0562468

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

FILED

Feb 23, 2007 08:00 AM

Secretary of State

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

MONTES DE OCA, JULIO E 13321 SW 28 TER MIAMI, FL 33175

DP

DO NOT WRITE IN THIS SPACE

8.	 The above named entity submits this statement for the purpose of changing 	g its registered office or registered ag-	ent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.			
			•	

SIGNATURE

10.

TITLE

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, 2007 Fee will be \$550.00

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

MONTES DE OCA, JULIO E NAME 13321 SW 28 TER STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TJE1 F NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 em an officer or director of the corporation or the requiver 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: X

NAME STREET ADDRESS CITY-ST-ZIP

SILLIU C. XIDILLE SAVOR.
PSIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

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