2007 FOR PROFIT CORPORATION ANNUAL REPORT

TURE AND TYPED OR PRINTED NAME

Apr 13, 2007 08:00 A Secretary of State DOCUMENT # P04000113111 1. Entity Name C A P DELIVERY INC Principal Place of Business Mailing Address 670 E 48 STREET 670 E 48 STREET HIALEAH, FL 33013 HIALEAH, FL 33013 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03262007 Chg-P City & State City & State 4. FEI Number Applied For 20-1442239 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMACHO, LAZARO C Street Address (P.O. Box Number is Not Acceptable) 670 E 48 STREET HIALEAH, FL 33013 City Zip Code The above named entity submits this statement for the purpose of changing its registered the obligations of Agistered agent. fice or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change TITLE ☐ Delete NAME CAMACHO, LAZARO C NAME U00000705733 04/24/07-80006-001 STREET ADDRESS **670 E 48 STREET** STREET ADDRESS 150.00 CITY-ST-ZIP HIALEAH, FL 33013 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 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

GOFFICER OR DIRECTOR

FILED

Davime Phone #