


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000033041	
1. Entity Name PRECISION DELIVERY SYSTEMS, INC.	

Principal Place of Business 3455 NW 54TH STREET MIAMI, FL 33142	Mailing Address 3455 NW 54TH STREET MIAMI, FL 33142
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**DO NOT WRITE IN THIS SPACE**



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0405938	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FISCHER, ROBERT  
 3455 NW 54 STREET  
 MIAMI, FL 33142

**DO NOT WRITE IN THIS SPACE**

6. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

000000065228  
 02/25/04-80029-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLANK, ANDREW 3455 N.W. 54TH ST. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAMPOS, RAMON 3455 NW 54TH STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FISCHER, ROBERT 3455 NW 54TH STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR