


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90184 041 ***150.00

DOCUMENT # P93000033041

1. Entity Name
PRECISION DELIVERY SYSTEMS, INC.



Principal Place of Business Mailing Address
3455 NW 54TH STREET **3455 NW 54TH STREET**
MIAMI, FL 33142 **MIAMI, FL 33142**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



4. FEI Number Applied For
65-0405938 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	
CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ 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, 2007 Fee will be \$550.00

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	D	<input type="checkbox"/> Delete		TITLE	D, P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLANK, ANDREW			NAME			
STREET ADDRESS	3455 N.W. 54TH ST.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33142			CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMPOS, RAMON			NAME			
STREET ADDRESS	3455 NW 54TH STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33142			CITY-ST-ZIP			
TITLE	ST	<input checked="" type="checkbox"/> Delete		TITLE	ST	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FISCHER, ROBERT			NAME	EVELYN MACIA		
STREET ADDRESS	3455 NW 54TH STREET			STREET ADDRESS	3455 NW 54 STREET		
CITY-ST-ZIP	MIAMI, FL 33142			CITY-ST-ZIP	MIAMI, FL 33142		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Evelyn Macia 4/11/07 (305) 633-8587 ext 115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Evelyn Macia