



2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-11-2005 90116031 ***150.00
FILED 619744
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 22 AM 9:53

DOCUMENT # 519744 1. Entity Name MONARCH DELIVERY SERVICE, INC.					
Principal Place of Business 4063 N W 79TH AVENUE MIAMI, FL 33166 US				Mailing Address 4063 NW 79TH AVENUE MIAMI, FL 33166 US	
2. Principal Place of Business 7700 NW 79 Place		3. Mailing Address 7700 NW 79 Place		 07012005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. D-1		Suite, Apt. #, etc. D-1			
City & State Medley		City & State Medley			
Zip 33166		Zip 33166			
Country USA		Country USA		4. FEI Number 59-1727273	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NICHOLS, GAIL A 4063 N W 79TH AVENUE MIAMI, FL 33166				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 re-appointing) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICHOLS, GAIL A. 7835 NW 148TH STREET MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MATTHEWS, RICHARD T JR 7835 NW 148TH ST MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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: <u>Gail A. Nichols</u> 6/30/05 7863318229 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					