

2005 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90040 001 ***150.00

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03302005 Chg-P CR2E034 (10/03)

DOCUMENT # F04000005477 1. Entity Name UNIVERSAL DELIVERY SOLUTIONS, INC.					
Principal Place of Business 9404 FOX TROT LANE BOCA RATON, FL 33496			Mailing Address 9404 FOX TROT LANE BOCA RATON, FL 33496		
2. Principal Place of Business 751 Park of Commerce Dr Suite, Apt. #, etc. #112 City & State Boca Raton, FL Zip 33487		3. Mailing Address 751 Park of Commerce Dr Suite, Apt. #, etc. #112 City & State Boca Raton, FL Zip 33487		Country USA	
4. FEI Number 20-1487409		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 COBLIN, RYAN F 9404 FOX TROT LN BOCA RATON, FL 33496				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLAUT, LEWIS G		NAME		
STREET ADDRESS	6352 VIA VENETIA NORTH		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	VST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COBLIN, RYAN F		NAME		
STREET ADDRESS	904 FOX TROT LANE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COBLIN, ADAM F		NAME		
STREET ADDRESS	904 FOX TROT LANE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		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		
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 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: 4-11-05		Daytime Phone #: 561-674-9510
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>