

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90031 022 \*\*\*150.00

**DOCUMENT # F93000003347**

1. Entity Name

DELTA LOGISTICS INTERNATIONAL, INC.



Principal Place of Business

4630 KIRKMAN RD.  
#317  
ORLANDO FL 32811

Mailing Address

235 MONMOUTH RD  
FREEHOLD NJ 07728

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

46305 KIRKMAN RD #317

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO FLA

City & State

Zip

32811

Country

ORLANDO

Country

4. FEI Number

13-3534633

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

EL-MAKSOU, HAMED  
2073 ROBERTS POINT RD.  
WINDERMERE FL 34786

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when naming g)

DATE

1/23/08

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$650.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME EL-MAKSOU, HAMED  
STREET ADDRESS 2073 ROBERTS POINT RD  
CITY-ST-ZIP WINDERMERE FL 34786

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Hamed El Maksoud  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAMED EL MAKSOU

PRES

407 876 8101

Date

Exemption From