

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


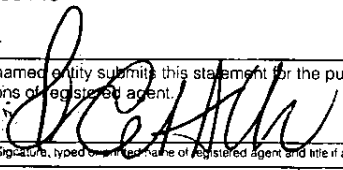
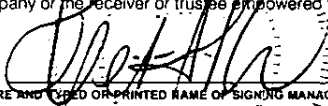
FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90036 010 ***138.75

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04232008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000103263			
1. Entity Name DAVID DELIVERY & TRANSPORTATION, LLC.			
Principal Place of Business 1995 CALAIS DRIVE, STE. 02 MIAMI BEACH, FL 33141		Mailing Address 1995 CALAIS DRIVE, STE. 02 MIAMI BEACH, FL 33141	
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 22-3944822		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW.22ND ST. 4TH FLOOR MIAMI, FL -33145		7. Name and Address of New Registered Agent Name Hector Santiago Rodriguez Roa Street Address (P.O. Box Number is Not Acceptable) 12245 Glenmore Drive City Coral Spring FL Zip Code 33071	
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:  HECTOR SANTIAGO RODRIGUEZ ROA 04-23-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR <input checked="" type="checkbox"/> Delete	NAME RODRIGUEZ, HECTOR O	TITLE Mngr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Hector Santiago Rodriguez Roa
STREET ADDRESS 1995 CALAIS DRIVE, STE. 02	CITY - ST - ZIP MIAMI BEACH, FL 33141	STREET ADDRESS 12245 Glenmore Dr Coral Spring Fl	CITY - ST - ZIP 12245 Glenmore Dr Coral Spring Fl
TITLE ST <input checked="" type="checkbox"/> Delete	NAME RODRIGUEZ, HECTOR O	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Sect: Hector Santiago
STREET ADDRESS 1995 CALAIS DRIVE, STE. 02	CITY - ST - ZIP MIAMI BEACH, FL 33141	STREET ADDRESS 12245 Glenmore Dr Coral Spring	CITY - ST - ZIP 12245 Glenmore Dr Coral Spring
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME F1 33071
STREET ADDRESS <input type="checkbox"/> Delete	CITY - ST - ZIP <input type="checkbox"/> Delete	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	NAME KARINA RODRIGUEZ	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME KARINA RODRIGUEZ <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS NOTARY PUBLIC	CITY - ST - ZIP MIAMI BEACH, FL 33141	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS Notary Public - State of Florida
TITLE <input type="checkbox"/> Delete	NAME KARINA RODRIGUEZ	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME My Commission Expires May 25, 2009
STREET ADDRESS MIAMI BEACH, FL 33141	CITY - ST - ZIP MIAMI BEACH, FL 33141	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS Commission # DD 433557
TITLE <input type="checkbox"/> Delete	NAME KARINA RODRIGUEZ	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Bonded By National Notary Assn
STREET ADDRESS MIAMI BEACH, FL 33141	CITY - ST - ZIP MIAMI BEACH, FL 33141	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS Bonded By National Notary Assn
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  HECTOR SANTIAGO RODRIGUEZ ROA 04-23-08		Date: _____ Daytime Phone # _____	

(305)805 8015