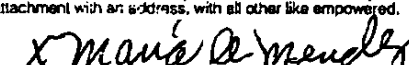


FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90014 040 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M16998			
1. Entity Name MENDEZ MOVING & DELIVERY, CORP.			
Principal Place of Business 1730 NW 21 TERR MIAMI, FL 33142 US		Mailing Address 1730 NW 21 TERR MIAMI, FL 33142 US	
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 59-2549366		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENDEZ, JOSE M. 1730 NW 21 TERR MIAMI, FL 33142		7. Name and Address of New Registered Agent Name: MENDEZ MARIA A Street Address (P.O. Box Number is Not Acceptable): 1730 NW 21 TERRACE City: MIAMI FL Zip Code: 33142	
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: 3/8/08 (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY - ST - ZIP	PVSD MENDEZ, JOSE M. (VICE S) 1730 NW 21 TERR MIAMI, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVSD MENDEZ MARIA A. 1730 NW 21 TERRACE MIAMI FL 33142 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  DATE: 3/8/08 305 324 0030 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			