

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000770

FILED
Apr 17, 2006
Secretary of State

Entity Name: GLOBAL DELIVERY SYSTEMS, L.L.C.

Current Principal Place of Business:

179-02 150TH AVE
JAMAICA, NY 11434

New Principal Place of Business:

Current Mailing Address:

179-02 150TH AVE
JAMAICA, NY 11434

New Mailing Address:

FEI Number: 04-3632184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BOULEVARD, SUITE 508
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GALANTE, JAMES
Address: 179-02 150TH AVENUE
City-St-Zip: JAMAICA, NY 11434

Title: MGRM () Delete
Name: BEAURY, WILLIAM
Address: 179-02 150TH AVENUE
City-St-Zip: JAMAICA, NY 11434

Title: MGRM (X) Delete
Name: MASSONI, LAURA
Address: 179-02 150TH AVE
City-St-Zip: JAMAICA, NY 11434 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GALANTE, JAMES R
Address: 179-02 150TH AVENUE
City-St-Zip: JAMAICA, NY 11434

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM BEAURY

MGRM

04/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date