

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90152 036 \*\*\*150.00

DOCUMENT # P00000019735

1. Entity Name  
PACESETTERS DELIVERY, INC.



Principal Place of Business  
9204 SABAL PALM CIR  
WINDERMERE, FL 34786

Mailing Address  
9204 SABAL PALM CIR  
WINDERMERE, FL 34786

14013341



2. Principal Place of Business  
1345 PINE AVE  
Suite, Apt. #, etc.

3. Mailing Address  
2277 LAKEVILLE RD  
Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State  
ORLANDO FL  
Zip  
32824  
Country

City & State  
APOPKA, FL  
Zip  
32703  
Country

4. FEI Number  
59-3626843  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALI, AHAMEER  
9204 SABAL PALM CIRCLE  
WINDERMERE, FL 34786

7. Name and Address of New Registered Agent

Name  
SHAMEER ALI  
Street Address (P.O. Box Number is Not Acceptable)  
2277 LAKEVILLE RD  
City  
APOPKA FL Zip Code  
32703

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 title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
ALI, SHAMEER  
9204 SABAL PALM CIRCLE  
WINDERMERE, FL 34786 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
2277 LAKEVILLE RD  
APOPKA, FL - 32703

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
UP  
AKBAR ALLAN ALI  
2277 LAKEVILLE RD  
APOPKA, FL 32703 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 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: Shameer Ali SHAMEER ALI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04

Date

(607)850-9880

Daytime Phone #