


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90178 010 ***150.00

DOCUMENT # P00000038985	
1. Entity Name PRIORITY DELIVERY SERVICE, INC.	

Principal Place of Business 5390 NW 83RD AVENUE, B-204 LAUDERHILL, FL 33351	Mailing Address 5390 NW 83RD AVENUE, B-204 LAUDERHILL, FL 33351
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94069428



2. Principal Place of Business 5390 N.W. 88 th Ave Suite, Apt. #, etc. B-204	3. Mailing Address 5390 N.W. 88 th Ave Suite, Apt. #, etc. B-204
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02172004 Chg-P CR2E034 (10/03)

City & State Lauderhill, FL.	City & State Lauderhill, FL.
Zip 33351	Country U.S.A.

4. FEI Number 65-1001947	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHAVEZ, LUIS 5390 NW 83RD AVE #B-204 LAUDERHILL, FL 33351	
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7. Name and Address of New Registered Agent Name LUIS CHAVEZ Street Address (P.O. Box Number is Not Acceptable) 5390 N.W. 88 th Ave. # B-204 City Lauderhill FL Zip Code 33351	
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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O GUTIERREZ, XIMENA 5390 NW 38TH AVE APT B204 LAUDERHILL, FL 33351 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O CHAVEZ, LUIS 5390 NW 83RD AVE #B-204 LAUDERHILL, FL 33351 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5390 N.W. 88 th Avenue #B204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5390 N.W. 88 th Ave. #B204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 its 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: 	LUIS E. CHAVEZ	4/19/04	(954) 572-9092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #