

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90477 026 ***150.00

DOCUMENT # P00000063299 1. Entity Name TOTAL KIRZ DELIVERY SERVICE CORP.																											
Principal Place of Business 9601 FONTAINEBLEAU BLVD, 602 MIAMI, FL 33172		Mailing Address 9601 FONTAINEBLEAU BLVD, 602 MIAMI, FL 33172																									
2. Principal Place of Business 9531 FONTAINEBLEAU BLVD Suite, Apt. #, etc. 510		3. Mailing Address 9531 FONTAINEBLEAU BLVD Suite, Apt. #, etc. 510																									
City & State MIA., FL.		City & State MIA., FL.																									
Zip 33172	Country US	Zip 33172	Country US																								
4. FEI Number 65-1017920		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GONZALEZ, EDGAR R 9601 FOUNTAINBLEAU BLVD #602 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name 9531 FONTAINEBLEAU BLVD Street Address (P.O. Box Number is Not Acceptable) 9531 FONTAINEBLEAU BLVD #510 City MIA. State FL Zip Code 33172																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">PD</td> <td style="width: 10%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>GONZALEZ, EDGAR R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9531 FONTAINE BLEAU BLVD #510</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33172</td> <td></td> </tr> </table>		TITLE	PD	Delete	NAME	GONZALEZ, EDGAR R		STREET ADDRESS	9531 FONTAINE BLEAU BLVD #510		CITY-ST-ZIP	MIAMI, FL 33172		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;"></td> <td style="width: 10%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		Change Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>EDGAR GONZALEZ</u>		Date <u>4/28/05</u> Daytime Phone # <u>786 4020151</u>																									