

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000087645 1. Entity Name HITO'S DELIVERY INC.	
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Principal Place of Business 3508 WEST 72ND STREET HIALEAH GARDENS, FL 33018	Mailing Address 3508 WEST 72ND STREET HIALEAH GARDENS, FL 33018
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02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1084965	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CRUZ, SANTIAGO 3508 WEST 72ND STREET HIALEAH GARDENS, FL 33018

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**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	P CRUZ, SANTIAGO 3508 WEST 72ND STREET HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRUZ, JAQUELINE 3508 WEST 72ND STREET HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/11/04-80006-016 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 02-06-04	Daytime Phone #: 786-400 4859
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		