## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P01000023159**

1. Entity Name W.M.J. DELIVERY SERVICES, INC.

FILED Feb 27, 2006 08:00 AM Secretary of State

Principal Place of Business

3590 W 71 TERRACE HIALEAH, FL 33018 Mailing Address

3590 W 71 TERRACE HIALEAH, FL 33018

## DO NOT WRITE IN THIS SPACE



02162006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1082390

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSELL BRICENO, MARIA 3590 W 71 TERRACE HIALEAH, FL 33018

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered affice	ce or registered agent, or b	oth, in the State of Florida. I am familiar with, and accep	
SIGNATURE_	Signature, typed or printed name of registered egent and fills	if ennicable (NOTE: Registered Apent	signature required when reinstating)	DATE	
	a Sulfation (1) hoo or bulling them a distribution of bulling that				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be  Added to Fees		
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRICENO, MARIA R 3590 W 71 TERRACE HIALEAH, FL 33018	<del>-</del>		000000448298 03709/86-80009-011-158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRICENO, MAIRA J 3590 W 71 TERRACE HIALEAH, FL 33018				
TITLE NAME STREET AODRESS CITY-S1-ZIP			DO	NOT WRITE	
TITLE HAME STREET ADDRESS GITY-ST-ZIP			IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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** 

Maria Rosell Briceno 02/18/06-305-556-4065