

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90260 008 ***150.00

DOCUMENT # P01000026418

1. Entity Name

PALM BEACH DELIVERY SERVICE, INC.



Principal Place of Business

**2792 PALACE AVE
PORT SAINT LUCIE FL 34987**

Mailing Address

**2792 PALACE AVE
PORT SAINT LUCIE FL 34987**

**5841 NW Gerald Cir
PSL, FL 34986**

← Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1085615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARRETTO, JOE
2792 PALACE AVE
PORT SAINT LUCIE FL 34987**

**5841 NW Gerald Cir
PSL, FL 34986**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BARRETTO, JOSEPH L	
STREET ADDRESS	2340 BELLE VISTA WAY	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARRETTO, VICTORIA	
STREET ADDRESS	2340 BELLE VISTA WAY	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-06