

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039105

Entity Name: AB DELIVERY SERVICE, INC.

FILED
May 25, 2009
Secretary of State

Current Principal Place of Business:

452 NE 3RD AVE.
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

452 NE 3RD AVE.
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 65-1097130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: GARCIA, ABSALON
Address: 452 NORTH EAST THIRD AVENUE
City-St-Zip: CAPE CORAL, FL 33909

Title: VTD () Delete
Name: GARCIA, MARIA E
Address: 452 NORTH EAST THIRD AVENUE
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A.GARCIA

PSD

05/25/2009

Electronic Signature of Signing Officer or Director

Date