

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90454 017 ***158.75

DOCUMENT # P01000075972

1. Entity Name
ONIX'S HOME DELIVERY INC.



Principal Place of Business
**3470 BANKS ROAD
SUITE #202
MARGATE, FL 33063**

Mailing Address
**3470 BANKS ROAD
SUITE #202
MARGATE, FL 33063**

2. Principal Place of Business
6993 NW 8th COURT
Suite, Apt. #, etc.

3. Mailing Address
6993 NW 8th COURT
Suite, Apt. #, etc.



04212004 Chg-P CR2E034 (10/03)

City & State
MARGATE, FLORIDA
Zip
33063

City & State
MARGATE, FLORIDA
Zip
33063

4. FEI Number
65-1129515

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ONIX P
3470 BANKS ROAD
SUITE #202
MARGATE, FL 33063**

7. Name and Address of New Registered Agent

Name
RODRIGUEZ, ONIX P.

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

6993 NW 8th COURT

City **MARGATE** **FL** Zip Code **33063**

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

04/22/2004

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **RODRIGUEZ, ONIX**
STREET ADDRESS **3470 BANKS RD**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **RODRIGUEZ, ONIX**
STREET ADDRESS **6993 NW 8th COURT**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Onix Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/2004 (954) 254-9356

Date

Daytime Phone #