

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000008385

FILED
Mar 23, 2009
Secretary of State**Entity Name:** 911 DELIVERIES SERVICES CORPORATION**Current Principal Place of Business:**4995 NW 79 AV
SUITE #105
DORAL, FL 33166**New Principal Place of Business:****Current Mailing Address:**4995 NW 79 AV
SUITE #105
DORAL, FL 33166**New Mailing Address:****FEI Number:** 90-0357267**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MASSIE, RODOLFO E
4995 NW 79 AV
SUITE #105
DORAL, FL 33166 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**OFFICERS AND DIRECTORS:****Title:** PSD () Delete
Name: MASSIE, RODOLFO E
Address: 4995 NW 79 AV
City-St-Zip: DORAL, FL 33166**Title:** VTD (X) Delete
Name: MORENO, JULIA J
Address: 17324 NW 74AV #102
City-St-Zip: MIAMI, FL 33015**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: RODOLFO MASSIE

PSD

03/23/2009

Electronic Signature of Signing Officer or Director_____
Date