


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P02000029314 1. Entity Name TONY'S DELIVERY INC. |  |
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| Principal Place of Business 4343 W. FLAGLER ST. STE 200C MIAMI, FL 33134 | Mailing Address 4343 W. FLAGLER ST. STE 200C MIAMI, FL 33134 |
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01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 01-0634838 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent PEREZ, ANTONIO 4343 W. FLAGLER ST. STE 200C MIAMI, FL 33134 |
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000915040 02/13/08-80068-012 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PEREZ, ANTONIO 561 SW 57TH AVE APT. #2 MIAMI, FL 33144 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD OILO, JUAN 561 SW 57TH AVE APT. #2 MIAMI, FL 33144 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #