
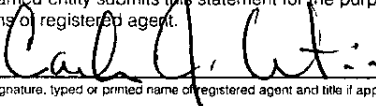
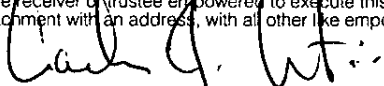


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90008 008 \*\*\*150.00

<b>DOCUMENT # P02000046026</b>					
1. Entity Name <b>EL VIAJANTE DELIVERIES, INC.</b>					
Principal Place of Business <b>7975 ELMSTONE CIRCLE ORLANDO FL 32822</b>			Mailing Address <b>7975 ELMSTONE CIRCLE ORLANDO FL 32822</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>04-3650125</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>REINISCH, CHARLES F SR 5354 JEAN DRIVE ORLANDO FL 32822</b>			7. Name and Address of New Registered Agent Name <b>Montes Carlos J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7975 Elmstone Circle</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32822</b>		
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  <b>3-22-04</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MONTES, CARLOS J</b>		NAME		
STREET ADDRESS	<b>7975 ELMSTONE CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>QUINONES, OMAR</b>		NAME		
STREET ADDRESS	<b>8073 ELSEE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MONTES, DAVE C</b>		NAME		
STREET ADDRESS	<b>7975 ELMSTONE CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MONTES, SHERITZA L</b>		NAME		
STREET ADDRESS	<b>7975 ELMSTONE CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			<b>3-22-04</b> <b>407-256-1097</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

34041693



MOORE CR2E034 (11/03)