


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90048 041 ***150.00

DOCUMENT # P02000048166

1. Entity Name
A & I DELIVERY, INC.



Principal Place of Business
**5937 COLCHESTER DR
 ORLANDO, FL 32812**

Mailing Address
**5937 COLCHESTER DR
 ORLANDO, FL 32812**

54020060

2. Principal Place of Business
3110 Fair Field Dr
 Suite, Apt. #, etc.

3. Mailing Address
3110 Fair Field Dr
 Suite, Apt. #, etc.



03162004 Chg-P CR2E034 (10/03)

City & State
Kissimmee FL

City & State
Kissimmee, FL

Zip
34743

Country
Osceola

Zip
34743

Country
Osceola

4. FEI Number
03-0458694

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GUZMAN, ALEJANDRO H
 5937 COLCHESTER DR
 ORLANDO, FL 32812**

7. Name and Address of New Registered Agent

Name
Alejandro Guzman

Street Address (P.O. Box Number is Not Acceptable)
3110 Fair Field Dr.

City
Kissimmee

State
FL

Zip Code
34743

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 *Alejandro Guzman* **3-16-4**
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	<input checked="" type="checkbox"/> Delete
NAME GUZMAN, ALEJANDRO H	
STREET ADDRESS 5937 COLCHESTER DR	
CITY-ST-ZIP ORLANDO, FL 32812	
TITLE v-p	<input type="checkbox"/> Delete
NAME Ivette Gonzalez	
STREET ADDRESS 3110 Fair Field Dr.	
CITY-ST-ZIP Kissimmee, FL 34743	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Alejandro Guzman	
STREET ADDRESS 3110 Fair Field Dr.	
CITY-ST-ZIP Kissimmee, FL 34743	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alejandro Guzman* **3-16-4**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #