


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90011 017 ***150.00

DOCUMENT # P02000072509	
1. Entity Name CAROLINA DELIVERY SERVICE, INC.	

Principal Place of Business 2722 NW 6 ST MIAMI, FL 33125	Mailing Address 2722 NW 6 ST MIAMI, FL 33125
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54062884



2. Principal Place of Business <i>12351 SW 190 ST</i>	3. Mailing Address <i>12351 SW 190 ST</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07142004 Chg-P CR2E034 (10/03)

City & State <i>MIAMI, FLORIDA</i>	City & State <i>MIAMI FLORIDA</i>
Zip <i>33177</i>	Zip <i>33177</i>
Country <i>MIAMI DADE</i>	Country <i>MIAMI DADE</i>

4. FEI Number 04-3699103	Applied For <input type="checkbox"/> Not Applicable
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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 SEQUEIRA, CAROLINA 2722 NW 6 ST MIAMI, FL 33125	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEQUEIRA, JORGE L <input type="checkbox"/> Delete 2722 NW 6 ST MIAMI, FL 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEQUEIRA, JORGE L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12351 SW 190 STREET MIAMI FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/2004 (305) 235-0909
Date Daytime Phone #

Attachment

34062884

July 14, 2004

Division of Corporation
Annual Report
P O Box 1500
Tallahassee, FL 32302-1500

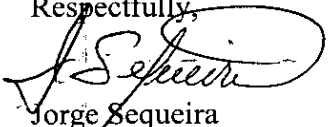
Ref.: Carolina Delivery Services
Doc.: P02000072509
Form: Annual Report 2004

Due to the fact that, our address changed, we did not receive the Annual Report (Post Card) for the year 2004, for this reason, we did not file and pay on time our annual report. We would like to state that this is the first time that it will happen this discrepancy regarding my payment and unfortunately something that was not on our hand to correct before now.

Please find attached a money order for the amount of \$150.00. We hope that you pardon any late fee and accept our payment and we will be prompt to file in the future.

We would like to thank you in advance for your attention regarding this delicate situation. If more any additional information is needed please do not hesitate to contact us at the address and telephone number below.

Respectfully,


Jorge Sequeira
President

Carolina Delivery Service, Inc.
12351 SW 190TH Street
Miami, FL 33177
(305) 235-0909