2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 30, 2006 08:00 AM Secretary of State DOCUMENT # P02000073849 ANTUNEZ MARKETING & DELIVERY CORP. Mailing Address Principal Place of Business 1475 W. 38TH PLACE, 1475 W. 38TH PLACE, APT. 206 APT. 206 HIALEAH, FL 33012 HIALEAH, FL 33012 01182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0734059 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANTUNEZ, ORLANDO DO NOT WRITE 1475 W. 38TH PLACE, APT. 206 IN THIS SPACE HIALEAH, FL 33012 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, Flegistered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ANTUNEZ, ORLANDO 1475 W. 38TH PLACE, APT, 206 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 TITLE NAME SPHIRITERS AND A STREET ACTORESS THE REPORT OF THURST AND A SULUD CITY-ST-ZIP TATLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP IN THIS SPACE ((TLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 certify that the information of the corporation or the receiver or grustee 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 all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

62-18-04

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