


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P02000081672</b><br>1. Entity Name<br>EMU DELIVERY SERVICE, INC. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>11020 NW 48 TERRACE<br>MIAMI, FL 33178 | Mailing Address<br>11020 NW 48 TERRACE<br>MIAMI, FL 33178 |
|---|---|



01122005 No Chg-P CR2E034 (10/03)

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|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>01-0748021                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

6. Name and Address of Current Registered Agent  
  
URRUTIA, MIGUEL A  
11020 NW 48 TERRACE  
MIAMI, FL 33178

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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 \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>URRUTIA, MIGUEL A<br>11020 NW 48 TERRACE<br>MIAMI, FL 33178    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>URRUTIA, EDGAR A SR.<br>11020 NW 48 TERRACE<br>MIAMI, FL 33178 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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03/14/05-80049-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Edgar A. Urrutia Edgar Urrutia 3-11-05 786-331-8584  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
President