
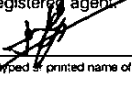



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90011 021 \*\*\*150.00

<b>DOCUMENT # P02000084566</b> 1. Entity Name <b>ALBERTO &amp; SON DELIVERY ENTERPRISES, INC.</b>					
Principal Place of Business <b>5642 SW 163 CT MIAMI, FL 33193</b>			Mailing Address <b>5642 SW 163 CT MIAMI, FL 33193</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country		
4. FEI Number <b>03-0476765</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>DAVILA, ALBERTO 5642 SW 163 CT MIAMI, FL 33193</b>				7. Name and Address of New Registered Agent Name <b>DAVILA, ALBERTO</b> Street Address (P.O. Box Number is Not Acceptable) <b>16300 S.W. 139 COURT</b> City <b>Miami</b> FL      Zip Code <b>33177</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:  (NOTE: Registered Agent signature required when reinstating)      DATE:					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAVILA, ALBERTO 4940 S W 116TH AVENUE MIAMI, FL 33165	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D DAVILA ALBERTO 16300 S.W. 139 COURT MIAMI, FL 33177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DAVILA, ALBERT 4940 S W 116TH AVENUE MIAMI, FL 33165	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D DAVILA, ALBERTO 16300 S.W. 139 COURT MIAMI, FL 33177	<input checked="" 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 exemptions contained in Chapter 119, 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:  Date: <b>2/23/06</b> Daytime Phone #					