2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000109407

1. Entity Name
L D DELIVERY CORP

Principal Place of Business	Mailing Address
6735 W 26 DRIVE APT 21 HIALEAH, FL 33010 US	6735 W 26 DRIVE APT 21 HIALEAH, FL 33010 US

DO NOT WRITE IN THIS SPACE

03252004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
27-0032856	Not Applicable

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

6. Name and Address of Current Registered Agent

MIRABAL, JOSE LUIS
6735 W 26 DRIVE
APT 21
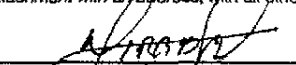HIALEAH, FL 33016

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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 _____   DATE 4/14/04

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

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

000000116035
04/16/04-80047-019 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MIRABAL, JOSE LUIS
STREET ADDRESS	6735 W 26 DRIVE - APT 21
CITY-ST-ZIP	HIALEAH, FL 33016

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
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CITY-ST-ZIP	

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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)(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: _____   4/14/04   305 807 5182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #