## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90213 008 \*\*\*150.00

DOCUMENT # P03000027883  1. Entity Name AM DELIVERY, CORP.								04-28-2004 90213 008 ***150.00				
Principal Place of Business 4911 NW 91ST TERR. SUNRISE, FL 33351			4	Mailing Address 4911 NW 91ST TERR. SUNRISE, FL 33351				14005	1942			
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04242004	Chg-P	CR2E0	34 (10/03)		
City & State				City & State			4. FEI Numb	374583	 57	<u> </u>	plied For t Applicable	
Zip	5	Country		Zip	Coun	ntry	1	of Status Desired		\$8.75 Add Fee Requires		
6. Name and Address of Current Registered Agent						Name	7. Name and	Address of New	Registered .	Agent		
ENCALADA, ANDRES							dress (P.O. Box Number is Not Acceptable)					
SUNRISE,	SUNRISE, FL 33351							<u> </u>				
	· .					City		<del></del> :	FL	Zip Code	Э	
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, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees												
10.			S AND DIREC		11.		ADDITIONS	CHANGES TO OF	FICERS AND			
NAME NAME	D ENCALAI	DA, ANDRES		☐ Delete	TITL NAM	I .				☐ Change	☐ Addition	
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THTLE NAME				☐ Delete	TITL NAV	į.				☐ Change	Addition	
STREET ADDRESS					STR	EET ADDRESS Y-ST-ZIP						
	certify that the lon this repo	ne information suppl ort or supplemental r	ed with this fi	iling does not qualify and accurate and tha			in Section 119.07(3) the same legal effe	(i), Florida Statutes ct as if made under	. I further cer cath; that I	rtify that the is	nformation or director	
12. I hereby certify that the information supplied with this filling 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: An dres Endalada 4-24-04954554-3085 SIGNATURE: Date Dayline Prions #												