

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000061209

FILED
Oct 12, 2005
Secretary of State

Entity Name: SOUTHWEST FLORIDA DELIVERY SERVICE, INC.

Current Principal Place of Business:

928 SE 18TH STREET
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

928 SE 18TH STREET
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 27-0059521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARADES, SIMON
928 SE 18TH STREET
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

PARADES, SIMON
928 SE 18TH STREET
CAPE CORAL, FL 33990 US

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.

SIGNATURE: SIMON PAREDES

10/12/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAREDES, SIMON
Address: 928 SE 18TH ST.
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PAREDES, SIMON
Address: 928 SE 18TH ST.
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIMON PAREDES

PRES

10/12/2005

Electronic Signature of Signing Officer or Director

Date