## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000108327

Entity Name: N & S DELIVERY, INC.

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

440 WEST 11 STREET P.O. BOX 161138 APT. #3 HIALEAH, FL 33016

HIALEAH, FL 33010

Current Mailing Address: New Mailing Address:

440 WEST 11 STREET P.O. BOX 161138 APT. #3 HIALEAH, FL 33016 HIALEAH, FL 33010

FEI Number: 56-2401466 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRUZ, JACKIE CONTROL
440 WEST 11 STREET
APT. #3
HIALEAH, FL 33010 US

CRUZ, JACKIE CONTROL
P.O. BOX 161138
HIALEAH, FL 33016 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: JACKIE CRUZ 04/26/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete
 Title:
 P
 (X) Change ( ) Addition

 Name:
 QUINTEROS, RUBEN
 Name:
 QUINTEROS, RUBEN

 Address:
 440 WEST 11 STREET, APT. #3
 Address:
 P.O. BOX 161138

Address: 440 WEST 11 STREET, APT. #3 Address: P.O. BOX 161138
City-St-Zip: HIALEAH, FL 33010 City-St-Zip: HIALEAH, FL 33016

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: QUINTEROS, SERGIO M Name: QUINTEROS, SERGIO M

 Name:
 QUINTEROS, SERGIO M
 Name:
 QUINTEROS, SERGIO M

 Address:
 440 WEST 11 STREET, APT. #3
 Address:
 P.O. BOX 161138

 City-St-Zip:
 HIALEAH, FL 33010
 City-St-Zip:
 HIALEAH, FL 33016

 $\label{eq:Title: C.T. (X) Change () Addition} \end{Title: C.T. (X) Change () Addition}$ 

 Name:
 CRUZ, JACKIE
 Name:
 CRUZ, JACKIE

 Address:
 440 WEST 11 STREET, APT. #3
 Address:
 P.O. BOX 161138

 City-St-Zip:
 HIALEAH, FL 33010
 City-St-Zip:
 HIALEAH, FL 33016

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: JACKIE CRUZ C.T. 04/26/2005