2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108327

Entity Name: N & S DELIVERY, INC.

FILED May 15, 2008 Secretary of State

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

P.O. BOX 161138 3508 WEST 72ND STREET HIALEAH, FL 33016 HIALEAH, FL 33018

Current Mailing Address: New Mailing Address:

P.O. BOX 161138 3508 WEST 72ND STREET HIALEAH, FL 33016 HIALEAH, FL 33018

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 S
P.O. BOX 161138
HIALEAH, FL 33016
US

CRUZ, JACKIE S
3508 WEST 72 ND STREET
HIALEAH, FL 33018
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 05/15/2008

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition QUINTEROS, RUBEN QUINTEROS, RUBEN Name: Name: P.O. BOX 161138 3508 WEST 72ND STREET Address: Address: HIALEAH, FL 33018 City-St-Zip: HIALEAH, FL 33016 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition Name: CRUZ, SANTIAGO Name: CRUZ, SANTIAGO

Address: P.O. BOX 161138 Address: 3508 WEST 72ND STREET
City-St-Zip: HIALEAH, FL 33016 City-St-Zip: HIALEAH, FL 33018

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X) Change () Addition}$

Name: CRUZ, JACKIE Name: CRUZ, JACKIE

Address: P.O. BOX 161138 Address: 3508 WEST 72 ND STREET
City-St-Zip: HIALEAH, FL 33016 City-St-Zip: HIALEAH, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 S 05/15/2008