

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000005553

FILED
May 01, 2006
Secretary of State

Entity Name: GARAY'S DELIVERY SERVICES INC.

Current Principal Place of Business:

1142 NW 123 CT
MIAMI, FL 33182

New Principal Place of Business:

Current Mailing Address:

1142 NW 123 CT
MIAMI, FL 33182

New Mailing Address:

FEI Number: 20-0583440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARAY, MARTHA C
1142 NW 123 CT
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

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: _____

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: D () Delete
Name: GARAY, WALTER
Address: 1142 NW 123 CT
City-St-Zip: MIAMI, FL 33182

Title: D () Delete
Name: GARAY, MARTHA C
Address: 1142 NW 123 CT
City-St-Zip: MIAMI, FL 33182

Title: D () Delete
Name: GARAY, WALTER A JR.
Address: 1142 NW 123 CT
City-St-Zip: MIAMI, FL 33182

Title: D () Delete
Name: GARAY, NATHALIE S
Address: 1142 NW 123 CT
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WALTER A GARAY

DIR

05/01/2006

Electronic Signature of Signing Officer or Director

Date