

2005 FOR PROFIT CORPORATION ANNUAL REPORT

05-04-2005 90136 016 150.00
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1. Entity Name #1 MISTER MINI DELIVERY SERVICES, INC.				Principal Place of Business 5171 SW 17TH COURT PLANTATION, FL 33317		Mailing Address 5171 SW 17TH COURT PLANTATION, FL 33317	
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 20-0661538				Applied For Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 00000000 0000 000000			
6. Name and Address of Current Registered Agent ROSENBERG, ARTHUR R 4875 NORTH FEDERAL HIGHWAY SEVENTH FLOOR FORT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 re-registering)							
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 000000 0000000000			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERDERBER, JOHN G 5171 SW 17TH COURT PLANTATION, FL 33317			☐ Delete	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NUNEZ, SANDRA I 5171 SW 17TH COURT PLANTATION, FL 33317			☐ Delete	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>[Signature]</i>				Date: 4/29/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			