

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90097 005 ***150.00

DOCUMENT # P04000123658
1. Entity Name
E DWIN V. DELIVERY SERVICE INC.



Principal Place of Business 2240 S.W. 89 CT.
Miami, FL. 33165-2051
Mailing Address SAME



2. Principal Place of Business 2240 S.W. 89 CT.
3. Mailing Address

City & State Miami, FL. 33165
City & State

Zip **Country** **Zip** **Country**

01312005 Chg-P CR2E034 (10/03)

4. FEI Number 20-154394X
Applied For ☐ **Not Applied**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
EDWIN VINDAS
2240 S.W. 89 CT.
Miami, FL. 33165

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 _____ (NOTE: Registered Agent signature required when reappointing) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	EDWIN VINDAS	
STREET ADDRESS	2240 S.W. 89 CT.	
CITY - ST - ZIP	Miami, FL. 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECRETARY, TREASURER.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Yacquelin Vindas.	
STREET ADDRESS	2240 S.W. 89 CT.	
CITY - ST - ZIP	Miami, FL. 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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, changed, or on an attachment with an address, without other like empowered.

SIGNATURE:
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EDWIN VINDAS, PRESIDENT.
Date 04-30-05 (305) 228-0351 **Daytime Phone #**