

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90013 017 \*\*\*150.00

DOCUMENT # P04000167868

1. Entity Name

UNI-WORLD DELIVERY SERVICES CORP.



Principal Place of Business

4790 SOUTHWEST 5 TERRACE  
MIAMI FL 33134

Mailing Address

PO BOX 145189  
CORAL GABLES FL 33114



2. Principal Place of Business - No P.O. Box #

4790 SW. 5 TERR.

3. Mailing Address

P.O. BOX 145189

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

MIAMI FLA.

City & State

CORAL GABLES FLA.

4. FEI Number 20-2011855

Applied For

Not Applicable

Zip

33134

Country

DADE

Zip

33114

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WAGNER, MARIA A  
9497 AEGIAN DRIVE  
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name FERNANDO VIVAR.

Street Address (P.O. Box Number is Not Acceptable)

4790 SW. 5 TERR.

City MIAMI

FL

Zip Code 33134

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 FERNANDO VIVAR.

Signature, typed or printed name of registered agent and title, if applicable.

SIGNATURE [Signature]

Signature, typed or printed name of registered agent and title, if applicable.

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME LOPEZ, MAGALY ☐ Delete  
STREET ADDRESS 4790 SOUTHWEST 5 TERRACE  
CITY- ST- ZIP MIAMI FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Magalay Lopez President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/07 (305) 909.3132

Date

Daytime Phone #