2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000017165

1. Entity Name
M. & G. DELIVERY CORPORATION

Principal Place of Business	Mailing Address
900 WEST 32ND STREET	900 WEST 32ND STREET
HIALEAH, FL 33012	HIALEAH, FL 33012

`40110J1`

04182007   Chg-P   CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number	Applied For
20-2346446	Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALVAREZ, ARMANDO 7395 S.W. 100TH STREET PINECREST, FL 33156	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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VS	☐ Delete	TITLE	S	☒ Change ☐ Addition
NAME	SOBERON, GISELA		NAME	SOBERON, GISELA	
STREET ADDRESS	900 WEST 32 ST		STREET ADDRESS	900 WEST 32 ST	
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	HIALEAH, FL. 33012	
TITLE	VSTD	☒ Delete	TITLE	T	☒ Change ☐ Addition
NAME	SOBERON, GISELA		NAME	ALVAREZ, ARMANDO	
STREET ADDRESS	900 WEST 32ND STREET		STREET ADDRESS	7395 SW 100TH STREET	
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	PINECREST, FL. 33156	
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALVAREZ, ARMANDO		NAME		
STREET ADDRESS	7395 SW 100TH ST		STREET ADDRESS		
CITY-ST-ZIP	PINECREST, FL 33156		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   05-18-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #