2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
04-07-2006 90043 040 ***150.00

DOCUMENT # P05000024424

1. Entity Name
DELIVERY SERVICE INC.

Principal Place of Business	Mailing Address
1745 NW 38 AVE LAUDERHILL, FL 33311	1745 NW 38 AVE LAUDERHILL, FL 33311

03162006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: 3631 NW 19 STREET	3. Mailing Address: PO BOX 100544
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAUDERDALE LAKES FL	City & State: FORT LAUDERDALE FL
Zip: 33311 Country: USA	Zip: 33310 Country: USA

4. FEI Number: 33099542G ☐ Applied For ☐ 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
DAWKINS, JUNIOR 17851 90 ST N LOXAHATCHEE, FL 33470	Name: WANDA DIXON Street Address (P.O. Box Number Is Not Acceptable): 7666 RAMONA DRIVE City: MIRAMAR FL Zip Code: 33023

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, 2006 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BEST, HYACINTH 1143 WYOMING AVE FT LAUDERDALE, FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MALLETT, CLIVE HR 1143 WYOMING AVE FT LAUDERDALE, FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR CLIVE MALLETT JR. 1143 WYOMING AVENUE FORT LAUDERDALE, FL 33312	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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