

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90018 021 ***150.00

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05192008 Chg-P CR2E034(12/06)

DOCUMENT # P05000025763			
1. Entity Name R & B DELIVERY SERVICE CORP.			
Principal Place of Business 9110 SW 213 ST MIAMI, FL 33189		Mailing Address 14103 S.W. 177TH STREET MIAMI, FL 33177	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 9110 SW 213 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI	
Zip	Country	Zip 33189	Country FL
6. Name and Address of Current Registered Agent SALAZAR, EMILIO 1751 WEST FLAGLER STREET #01 MIAMI, FL 33135		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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUEDA, YEFERSON 4110 SW 213 ST MIAMI, FL 33189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9110 SW 213 ST MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RUEDA, FREDDY Y 14103 S.W. 177TH STREET MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9110 SW 213 ST MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 no other like employment.			
SIGNATURE: _____		Date: 05-19-2008 786-2954340	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	