
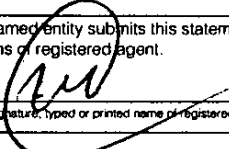
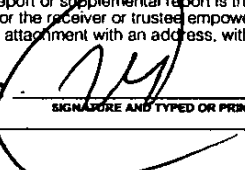


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90048 034 ***150.00

DOCUMENT # P05000027136			
1. Entity Name QUICKEST DELIVERY, INC.			
Principal Place of Business 19201 SW 125 AVE MIAMI, FL 33177		Mailing Address 19201 SW 125 AVE MIAMI, FL 33177	
2. Principal Place of Business - No P.O. Box # 6480 W 13 Ave Suite, Apt. #, etc.		3. Mailing Address 6480 W 13 Ave Suite, Apt. #, etc.	
City & State Hialeah, FL Zip: 33012 Country:		City & State Hialeah, FL Zip: 33012 Country:	
4. FEI Number 20-2384198		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARAYA, MAURICIO 19201 SW 125 AVE MIAMI, FL 33177		7. Name and Address of New Registered Agent Name: Araya, Mauricio Street Address (P.O. Box Number is Not Acceptable): 6480 W 13 Ave. City: Hialeah FL Zip Code: 33012	
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 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: ARAYA, MAURICIO STREET ADDRESS: 19201 SW 125 AVE CITY-ST-ZIP: MIAMI, FL 33177	<input type="checkbox"/> Delete	TITLE: President NAME: Araya, Mauricio STREET ADDRESS: 6480 W 13 Ave CITY-ST-ZIP: Hialeah, FL 33012	<input checked="" 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
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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 all other like empowered.			
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date:		Daytime Phone #:	

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02102007 Chg-P CR2E034 (12/06)