

2007 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90077 025 ***150.00

DOCUMENT# P05000097137
 1. Entity Name
DOWNTOWN WEST PALM BEACH DELIVER, CORP.

Principal Place of Business Mailing Address
2888 TENNIS CLUB DR., STE. 602 **2888 TENNIS CLUB DR., STE. 602**
WEST PALM BEACH FL 33417 **WEST PALM BEACH FL 33417**

2. Principal Place of Business 3. Mailing Address
16630 75th AVE N **16630 75th AVE N**
 Suite, Apt #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
PALM BEACH GARDENS, FL **PALM BEACH GARDENS, FL** **20-3131556** Not Applicable
 Zip Country Zip Country
33418 **USA** **33418** **USA**

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

6. Name and Address of Current Registered Agent
RODRIGUES LIRA, WELLINGTON
2888 TENNIS CLUB DR., STE. 602
WEST PALM BEACH FL 33417

7. Name and Address of Now Registered Agent
 Name
RODRIGUES LIRA, WELLINGTON
 Street Address (P O Box Number is Not Acceptable)
16630 75th AVE N
 City State Zip Code
PALM BEACH GARDENS **FL** **33418**

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.
 SIGNATURE  DATE **02/03/07**
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution **\$5.00** may Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVTS RODRIGUES LIRA, WELLINGTON 16630 75th AVE N PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 (3)(i), 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 qualified by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  DATE **02/03/07** (561) 596-7223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

✓
40105133
 DO NOT WRITE IN THIS SPACE