

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90048 003 ***150.00

DOCUMENT # P05000100354	
1. Entity Name	
O T PICK-UP DELIVERIES INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 26500 SW 133 AVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOMESTEAD, FL		City & State	
Zip 33032-7752	Country	Zip	Country

4. FEI Number 20-3178827	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name TORRES, OLGA L	
Street Address (P.O. Box Number is Not Acceptable) 26500 SW 133 AVE	
City HOMESTEAD	Zip Code 33032

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  OLGA L TORRES 1/18/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, OLGA L 26500 SW 133 AVE HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGUIAR, VICTOR 26500 SW 133 AVE HOMESTEAD, FL 33032
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12. 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  OLGA TORRES, PRESIDENT 1/18/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(305) 258-3092
(305) 557-0588 WK
Daytime Phone #