FOR PROFIT CORPORATION NIFORM BUSINESS REPORT (UBR)

UNIFO	DKW ROZINE	SS REPORT	(DRI	<u> </u>			•
DOCUMENT # P05000100354					FILED		
1. Entity Name							
					2008 JAN 30	PM 2:	31
OT PICK-UP DELIVERY INC					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DO NOT WRITE IN THIS S			PACE		IALEANASSE	בירבטת	IUA
Principal Place of Business     3. Mailing Address							
26500 SW 133 AVE		Suite Apt # etc			DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE () 6		
City & State		City & State			4. FEI Number		Applied For
HOMESTEAD , FL				20-3178827		Not Applicable	
Zip	·		Zip Country		5. Certificate of Status D	esired	\$8.75 Additional
33032				7 Non	an and Address of Cur	ent Posis	Fee Required
7. Name and Address of Name							tered Agent
DO NOT WRITE			TORRES,OLGA L				
		000000000000000000000000000000000000000		ress (P.O. Box Number is Not Acceptable)			
IN THIS SPACE				26500 SW 13	3 AVE		<del>-</del>
				City		FL	Zip Code
8 The above named	l entity submits this st	atement for the nurno	se of c	HOMESTEAD			33032 r both in the
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							
January 1	<ul> <li>May 1 Fee is \$150.</li> </ul>						
After May 1, Fee is \$550.00					<ol> <li>Election Campaign Fire Trust Fund Contribution</li> </ol>		\$5.00 May Be Added to Fees
	ded UBR is \$61.25 e to Florida Departm	ent of State			Trust rung Contribute	)ii	_ Added to Fees
10	OFFICERS A	ND DIRECTORS	11.				
TITLE	P TORRES,OLGA L			TLE AME			
NAME STREET ADDRESS	26500 SW 133 AVE		124 (424)	REET ADDRES	S		
CITY-ST-ZIP	HOMESTEAD, FL 33		100 200 200 200	TY-ST-ZIP			
TITLE	VP		10000000000	TLE			
NAME STREET ADDRESS	AGUIAR, VICTOR 26500 SW 133 AVE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AME FREET ADDRES!			
CITY-ST-ZIP	HOMESTEAD, FL 33		1000	TY-ST-ZIP			
TITLE			1 1 1 1 1 1 1 1 1	TLE			
NAME			200000000000000000000000000000000000000	AME			
STREET ADDRESS CITY-ST-ZIP				REET ADDRES: TY-ST-ZIP	DO N	OT V	/RITE
TITLE	-	·		TLE	<del>(12 12 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14 </del>		PACE
NAME				AME			AUE
STREET ADDRESS				FREET ADDRES! TY-ST-ZIP	S		
CITY-ST-ZIP TITLE	<del>                                     </del>	· <del></del> -		TLE			
NAME			N	AME			
STREET ADDRESS			31313734	REET ADDRES	S		
CITY-ST-ZIP TITLE	<del>                                     </del>	<u> </u>		TY-ST-ZIP TLE			
NAME			100000000000000000000000000000000000000	AME			
STREET ADDRESS				FREET ADDRES	S		
12. Lhereby certify that	the information supplied	with this filing does not		TY-ST-ZIP	stated in Section 119 07/3)	(i). Florida S	Statutes. I further
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 oa	ith; that I am an officer o	r director of the corporat	ion or th	e receiver or trust	tee empowered to execute	this report a	s required by
Chapter 607, Florida	a Statutes; and that my r	name appears in Block 1	0 or on	an attachment wit	th an address, with all other	like empov	/ered.
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SIGNATURE: ★ / / OLGA L TORRES-PRESIDENT 1/4/2008 (305) 910-7979							
SIGN	ATURE AND TYPED OF	R PRINTED NAME OF S	SIGNING	OFFICER OR D	IRECTOR Date	D	aytime Phone #