2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

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DOCUMENT # P05000105760 1. Entity Name ALA DELIVERY INC							04-27-2006 90170 034 ***150.00				
Drinning I Dings	of Business	Mailing	Addross			 ·		գրրոթու	7.4		
Principal Place of Business Mailing Address								4000			
3820 SW 10TH PL. 3820 SW 10TH PL. CAPE CORAL, FL 33914 CAPE CORAL, FL 33914											
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2. Principal P	face of Business	3. Mailing Address						012) 01111 1071 01111 01		# \$0 0 B # B0	
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				2000	Cha D	CDSESS	A /11/0E\	
,		·					2006	Chg-P	URZEUS	34 (11/05)	
City & State	9	City 8	City & State				Number			<u> </u>	plied For
		<u> </u>						214621			t Applicable
Zip	Country	Zip		Coun	try	5. Cert	tificate c	of Status Desired		8.75 Add	litional d
6. Name and Address of Current Registered Agent						7. Naπ	re and	Address of New F			
			· · · · · · · · · · · · · · · · · · ·		Name					-	
AMORIS, AUGUSTO B					Step of Add	Street Address (P.O. Box Number is Not Acceptable)					
3820 SW 10TH PL. CAPE CORAL, FL 33914					Street Addi	1885 (F.O. DOX	Number	is Not Acceptable	e;		
CAPE COI	VAL, FL 33814										
					City					Zip Code	9
					·				FL	, '	
	named entity submits this statement ions of registered agent.	for the purpo	se of changing its r	egistere	ed office or re	gistered agent	, or both	n, in the State of Fl	orida. I am fi	amiliar with.	and accept
SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered agent and life if applicable.					d Agent signature r	equired when reinsta	ating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	0.00	. Election Campaiq Trust Fund Contri	ibution.	ncing	\$5.00 May Added to Fee	15				***
10.	OFFICERS AND DIRECTORS 11					ADDIT	TIONS/C	CHANGES TO OF	FICERS AND		
TITLE	P		☐ Delete	TITLE	· .					Change	Addition
NAME STREET ADDRESS	,			NAM	ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE	/P Delete		TITLE						Спапое	Addition	
NAME	AMORIS, LEAH D		NAM	1						_	
STREET ADDRESS	·			STRE	ET ADDRESS						
CITY-ST-ZIP	CAPE CORAL, FL 33914				-ST-ZIP						
TITLE			Delete	TITLE						Change	☐ Addition
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STREET ADDRESS					ET ADORESS - ST- ZIP						
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CITY-ST-ZIP

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 poport 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 peport 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 pare like empowered.

TITLE

NAME STREET ADORESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

TITLE

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SCHARTINE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Delete

Delete

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Daytirne Phone #

Change

Change

Addition

Addition