2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND T

TED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 2008 08:00 AM DOCUMENT # P05000167053 **Secretary of State** 1. Entity Name **O&L DELIVERY SERVICES INC.** Mailing Address Principal Place of Business 10405 N. 27TH STREET 10405 N. 27TH STREET TAMPA, FL 33612 US TAMPA, FL 33612 US No Chg-P CR2E034 (11/05) 01282008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3997372 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GAVIDIA, JOSE F DO NOT WRITE 10405 N 27TH STREET TAMPA, FL 33612 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 10. TITLE GAVIDIA, JOSE F NAME 10405 N 27TH STREET STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33612 //www.000000000007307 TITLE //02/07/408#80003-920-150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS I hereby certify that the information supplied with this filling 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.

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