

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P06000005357

1. Entity Name
PROFESSIONAL PICK UP & DELIVERY, INC.



Principal Place of Business
**1892 SW 152ND TERRACE
MIRAMAR, FL 33027**

Mailing Address
**1892 SW 152ND TERRACE
MIRAMAR, FL 33027**



04122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1227921

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COLON, BENJAMIN
1892 SW 152ND TERRACE
MIRAMAR, FL 33027**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000907625
05/05/08-80045-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	COLON, BENJAMIN
STREET ADDRESS	1892 SW 152ND TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	VP/D
NAME	SILVA, ADRIAN
STREET ADDRESS	209 RIVER BLUFF LANE
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	T
NAME	SILVA, ADRIAN
STREET ADDRESS	209 RIVER BLUFF LANE
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	S
NAME	COLON, BENJAMIN
STREET ADDRESS	1892 SW 152ND TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #