


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90389 019 ***150.00

DOCUMENT # P06000032491 1. Entity Name CDS DELIVERY SERVICE, INC.					
Principal Place of Business 417 NORTHEAST 1ST AVENUE FORT LAUDERDALE, FL 33301				Mailing Address	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 417 NORTHEAST 1ST AVE SUITE, APT. #, ETC. FT. LAUDERDALE CITY & STATE FLORIDA ZIP 33301 COUNTRY U.S.A			
Suite, Apt. #, etc.		City & State		4. FEI Number 20-4496414 Applied For <input type="checkbox"/> Not Applicable	
City & State		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FELICIANO, DEBORAH 417 NORTHEAST 1ST AVENUE FORT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.T DIAS, CESAR 417 NORTHEAST 1ST AVENUE FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP,S FELICIANO, DEBORAH 417 NORTHEAST 1ST AVENUE FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <i>Deborah Feliciano Vice President, Secretary</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date 04/19/2007			Daytime Phone # (954) 779-1007		