## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000099741

Entity Name: PHIL DELIVERY, CORP.

FILED Feb 05, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 823 SW 7TH STREET SUITE #2 POMPANO BEACH, FL 33060 **Current Mailing Address: New Mailing Address:** 823 SW 7TH STREET SUITE #2 POMPANO BEACH, FL 33060 FEI Number: 26-0518798 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTIN, PHILOME 823 SW 7TH STREET SUITE #2 POMPANO BEACH, FL 33060 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DPRF Title: ( ) Delete Title: () Change () Addition MARTIN, PHILOME PRESIDE Name: Name: 823 SW 7TH STREET SUITE #2 Address: Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: () Delete Title: ( ) Change (X) Addition Title: GLEGG, CLAUDE H OFFICER Name: Name: 3950 NW 34TH WAY Address: Address: FORT LAUDERDALE, FL 33309 City-St-Zip: City-St-Zip: ( ) Change (X) Addition Title: () Delete Title: DANESTOR, MAGREGORY MAINT Name: Name: 6108 NW 22ND STREET Address Address: City-St-Zip: City-St-Zip: MARGATE, FL 33063 US Title: () Delete Title: INSU ( ) Change (X) Addition BELOTTE, MAX INSULAT Name: Name: Address: Address: 1652 NE 143RD STREET City-St-Zip: City-St-Zip: MIAMI, FL 33181 Title: Title: DELL ( ) Change (X) Addition ( ) Delete MUNEZ, ORLANDO DELIVER Name: Name: Address: 2620 W 8 LANE Address: City-St-Zip: City-St-Zip: HIALEAH, FL 33010 Title: () Delete Title: DELI ( ) Change (X) Addition ADDISON, ALEXANDER DELIVER Name: Name: Address: Address: 707 SW 5TH STREET #3 City-St-Zip: City-St-Zip: DANIA BEACH, FL 33004

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILOME MARTIN PRES 02/05/2008