

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000099741

**FILED**  
**Dec 19, 2008**  
**Secretary of State****Entity Name:** PHIL DELIVERY, CORP.**Current Principal Place of Business:**823 SW 7TH STREET SUITE #2  
POMPANO BEACH, FL 33060**New Principal Place of Business:**823 SW 7TH STREET  
#2  
POMPANO BEACH, FL 33060**Current Mailing Address:**823 SW 7TH STREET SUITE #2  
POMPANO BEACH, FL 33060**New Mailing Address:**823 SW 7TH STREET  
#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:**MARTIN, PHILOME  
823 SW 7TH STREET SUITE #2  
POMPANO BEACH, FL 33060 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:****Title:** DPRE ( ) Delete  
**Name:** MARTIN, PHILOME PRESIDE  
**Address:** 823 SW 7TH STREET SUITE #2  
**City-St-Zip:** POMPANO BEACH, FL 33060**Title:** OFFI ( ) Delete  
**Name:** GLEGG, CLAUDE H OFFICER  
**Address:** 3950 NW 34TH WAY  
**City-St-Zip:** FORT LAUDERDALE, FL 33309**Title:** MAIN ( ) Delete  
**Name:** DANESTOR, MAGREGORY MAINT  
**Address:** 6108 NW 22ND STREET  
**City-St-Zip:** MARGATE, FL 33063 US**Title:** INSU ( ) Delete  
**Name:** BELOTTE, MAX INSULAT  
**Address:** 1652 NE 143RD STREET  
**City-St-Zip:** MIAMI, FL 33181**Title:** DELI ( ) Delete  
**Name:** MUNEZ, ORLANDO DELIVER  
**Address:** 2620 W 8 LANE  
**City-St-Zip:** HIALEAH, FL 33010**Title:** DELI ( ) Delete  
**Name:** ADDISON, ALEXANDER DELIVER  
**Address:** 707 SW 5TH STREET #3  
**City-St-Zip:** DANIA BEACH, FL 33004**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** INSU (X) Change ( ) Addition  
**Name:** REMY, HERVE INSULAT  
**Address:** 5385 SW 8CT  
**City-St-Zip:** MARGATE, FL 33068**Title:** DELI (X) Change ( ) Addition  
**Name:** BECKFORD, KEMAR DELIVER  
**Address:** 5516 NW 90 TERR  
**City-St-Zip:** SUNRISE, FL 33351**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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

12/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date