

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000099741

Entity Name: PHIL DELIVERY, CORP.

FILED  
Mar 19, 2009  
Secretary of State

## Current Principal Place of Business:

823 SW 7TH STREET  
#2  
POMPANO BEACH, FL 33060

## New Principal Place of Business:

## Current Mailing Address:

823 SW 7TH STREET  
#2  
POMPANO BEACH, FL 33060

## New Mailing Address:

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

Election Campaign Financing Trust Fund Contribution ( ).

## 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: REMY, HERVE INSULAT  
Address: 5385 SW 8CT  
City-St-Zip: MARGATE, FL 33068

Title: DELI ( ) Delete  
Name: BECKFORD, KEMAR DELIVER  
Address: 5516 NW 90 TERR  
City-St-Zip: SUNRISE, FL 33351

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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

03/19/2009

Electronic Signature of Signing Officer or Director

Date