


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

05-24-2007 90005 012 ***150.00

DOCUMENT # P06000105316
 1. Entity Name
H & S DELIVERY SERVICE, INC



Principal Place of Business
14 WINCHMORE LANE
BOYNTON BEACH, FL 33462

Mailing Address
14 WINCHMORE LANE
BOYNTON BEACH, FL 33462

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04032007 Chg-P CR2E034 (12/06)

4. FEI Number
X 65-1080868

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
VILLABUENA, HECTOR
14 WINCHMORE LANE
BOYNTON BEACH, FL 33462

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	VILLABUENA, HECTOR 14 WINCHMORE LANE BOYNTON BEACH, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VILLABUENA, HECTOR 14 Winchmore Lane Boynton Beach, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Last name spelt wrong!</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Hector Villabuena*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR