
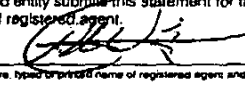
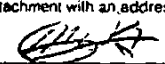


FILED
Jul 17, 2007 8:00 am
Secretary of State

02-26-2007 90052 045 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000126686					
1. Entry Name MIGUELITO DELIVERY, INC.					
Principal Place of Business 1503 SW 118 AVENUE MIAMI, FL 33184			Mailing Address 1503 SW 118 AVENUE MIAMI, FL 33184		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
5. Name and Address of Current Registered Agent MENGUAL, MIGUEL A 1503 SW 118 AVENUE MIAMI, FL 33184				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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:  (NOTE: Registered Agent signature required when reissuing)					
DATE: 02/22/07					
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					
TITLE	P	<input type="checkbox"/> Delete			
NAME	MENGUAL, MIGUEL A				
STREET ADDRESS	1503 SW 118 AVENUE				
CITY-ST-ZIP	MIAMI, FL 33184				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	MENGUAL, MIGUEL A				
STREET ADDRESS	1503 SW 118 AVENUE				
CITY-ST-ZIP	MIAMI, FL 33184				
TITLE	S	<input type="checkbox"/> Delete			
NAME	MENGUAL, MIGUEL A				
STREET ADDRESS	1503 SW 118 AVENUE				
CITY-ST-ZIP	MIAMI, FL 33184				
TITLE	T	<input type="checkbox"/> Delete			
NAME	MENGUAL, MIGUEL A				
STREET ADDRESS	1503 SW 118 AVENUE				
CITY-ST-ZIP	MIAMI, FL 33184				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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:  Miguel A Mengual					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 2/22/07 786-7284882					