2008 FOR PROFIT CORPORATION

May 07, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P06000136825 05-07-2008 90112 010 ***150.00 1. Entity Name ASHCAR DELIVERY SERVICES INC. Principal Place of Business Mailing Address 2614 E 111TH AVENUE 2614 E 111TH AVENUE TAMPA, FL 33612 US TAMPA, FL 33612 US CR2E034 (11/05) 04192008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5789182 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LARIOS, CARLOS V DO NOT WRITE 2614 E 111TH AVENUE IN THIS SPACE TAMPA, FL 33612 -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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE LARIOS, CARLOS V NAME STREET ADDRESS 2614 E 111TH AVENUE TAMPA, FL 33612 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED