

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90020 029 ***150.00

DOCUMENT # P06000145101 1. Entity Name MAYFRANK'S DELIVERY SERVICE INC					
Principal Place of Business 520 SW 9 ST APT # 3 MIAMI, FL 33130			Mailing Address 10302 NW SOUTH RIVER DR. BAY 11 MEDLEY, FL 33178		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-5911809	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMIREZ, FRANCISCO 520 SW 9 ST APT# 3 MIAMI, FL 33130				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				City FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PRE RAMIREZ, FRANCISCO 520 SW 9 ST APT # 3 MIAMI, FL 33130	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FRANCISCO RAMIREZ 7247 NW 2nd TERR MIAMI, FL 33126	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMIREZ, MAYRA 520 SW 9 ST APT # 3 MIAMI, FL 33130	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. MAYRA RAMIREZ 7247 NW 2nd TERR MIAMI, FL 33126	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE 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: PRESIDENT 2/23/08					