

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90382 034 \*\*\*150.00

<b>DOCUMENT # P07000029902</b>																																																																																																					
<b>1. Entity Name</b> J.D.S. DELIVERY INC.																																																																																																					
<b>Principal Place of Business</b> 1351 N.E. MIAMI GARDENS DRIVE SUITE 1202-E MIAMI, FL 33179 US			<b>Mailing Address</b> 1351 N.E. MIAMI GARDENS DRIVE SUITE 1202-E MIAMI, FL 33179 US																																																																																																		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																			
City & State		City & State																																																																																																			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-8633453																																																																																																	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																																																																	
<b>6. Name and Address of Current Registered Agent</b>  LAURIE ATTAR INC. 2699 STIRLING ROAD SUITE B-200 FT. LAUDERDALE, FL 33312			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable) 5151 Sarazen Drive  City <u>Hollywood</u> <b>FL</b> Zip Code <u>33021</u>																																																																																																		
<b>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.</b>																																																																																																					
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____																																																																																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">NAME</td> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">NAME</td> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">1351 N.E. MIAMI GARDENS DRIVE, #1202-E</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">MIAMI, FL 33179</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td style="padding: 5px;">TITLE</td><td style="padding: 5px;">NAME</td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE</td><td style="padding: 5px;">NAME</td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;">STREET ADDRESS</td><td style="padding: 5px;"></td><td></td><td style="padding: 5px;">STREET ADDRESS</td><td style="padding: 5px;"></td><td></td></tr> <tr><td style="padding: 5px;">CITY-ST-ZIP</td><td style="padding: 5px;"></td><td></td><td style="padding: 5px;">CITY-ST-ZIP</td><td style="padding: 5px;"></td><td></td></tr> <tr><td style="padding: 5px;">TITLE</td><td style="padding: 5px;">NAME</td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE</td><td style="padding: 5px;">NAME</td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;">STREET ADDRESS</td><td style="padding: 5px;"></td><td></td><td style="padding: 5px;">STREET ADDRESS</td><td style="padding: 5px;"></td><td></td></tr> <tr><td style="padding: 5px;">CITY-ST-ZIP</td><td style="padding: 5px;"></td><td></td><td style="padding: 5px;">CITY-ST-ZIP</td><td style="padding: 5px;"></td><td></td></tr> <tr><td style="padding: 5px;">TITLE</td><td style="padding: 5px;">NAME</td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE</td><td style="padding: 5px;">NAME</td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;">STREET ADDRESS</td><td style="padding: 5px;"></td><td></td><td style="padding: 5px;">STREET ADDRESS</td><td style="padding: 5px;"></td><td></td></tr> <tr><td style="padding: 5px;">CITY-ST-ZIP</td><td style="padding: 5px;"></td><td></td><td style="padding: 5px;">CITY-ST-ZIP</td><td style="padding: 5px;"></td><td></td></tr> <tr><td style="padding: 5px;">TITLE</td><td style="padding: 5px;">NAME</td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE</td><td style="padding: 5px;">NAME</td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;">STREET ADDRESS</td><td style="padding: 5px;"></td><td></td><td style="padding: 5px;">STREET ADDRESS</td><td style="padding: 5px;"></td><td></td></tr> <tr><td style="padding: 5px;">CITY-ST-ZIP</td><td style="padding: 5px;"></td><td></td><td style="padding: 5px;">CITY-ST-ZIP</td><td style="padding: 5px;"></td><td></td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	1351 N.E. MIAMI GARDENS DRIVE, #1202-E		STREET ADDRESS			CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
STREET ADDRESS	1351 N.E. MIAMI GARDENS DRIVE, #1202-E		STREET ADDRESS																																																																																																		
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP																																																																																																		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																		
<b>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 reports 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.</b>																																																																																																					
<b>SIGNATURE:</b> <u>Juan Diego Santamaria-Pres.</u> <b>4-24-08</b> (Type or print name of signing officer or director) <span style="float: right;">Date</span>																																																																																																					