2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2008 8:00 am Secretary of State

DOCUMENT # P07000076783 1. Entity Name Y & D DELIVERY, CORP.)		0058 009 ***150).00	
Principal Plac	e of Business	Mailing Address		- ฐบบ	27700			
620 E 7 ST		620 E 7 ST						
HIALEAH, FL	33010	HIALEAH, FL 33010	• • • • • • • • • • • • • • • • • • • •					
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9 Principal P	Place of Business - No P.O. Box #	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·	- 				
z. riiicipai r	Tace of Business - 140 F.O. Box #	S. Walling Address			1811) 18211 BBIII BBIİJ BBIII		III 11 13 01	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	11.W. ** = *	03042008	Chg-P	CR2E034 (12/06)		
(C) 1 (C)			00.00				. F (F)	
City & State		City & State		4. FEI Number	546441	V NO	plied For t Applicable	
Zip	Country	Zio	. Country	3:7 /		¢9.75		
				5. Certificate o	of Status Desired	Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re	gistered Agent	_	
DIAZ VOODS			Name					
DIAZ, YOSBEL 620 E 7 ST			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
HIALEAH,			<u> </u>		•			
			City			FL Zip Code	9	
8. The above	named entity submits this statement fo	r the purpose of changing its re	egistered office or regist	ered agent, or both	n, in the State of Flor	rida. I am familiar with,	and accept	
	tions of registered agent.	, ,						
SIGNATURE_								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requir	ed when reinstating)		DATE		
eta general							ļ	
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaig Trust Fund Contril	· — •	5.00 May Be ided to Fees			Ì	
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0 OFFICERS AND	Trust Fund Contril	· — •	ided to Fees	CHANGES TO OFFIC	CERS AND DIRECTORS	S IN 11	
After Ma	ay 1, 2008 Fee will be \$550.6	Trust Fund Contril	oution. Ac	ided to Fees	CHANGES TO OFFIC	CERS AND DIRECTORS	S IN 11	
After Ma	OFFICERS AND DIAZ, YOSBEL	Trust Fund Contrib	aution. Ac	ided to Fees	CHANGES TO OFFIC			
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12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Frond's Statutes. Further than the information indicated on this report or supplemental report is rupplemental report in the 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 rustee 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 215 760