

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000062929

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

**Entity Name:** MONICA'S DELIVERY SERVICES INC

**Current Principal Place of Business:**

1 CHATHAM CT.  
GREENACRES, FL 33463 US

**New Principal Place of Business:**

1141 CALA LILY COVE  
WEST PALM BEACH, FL 33415 US

**Current Mailing Address:**

1 CHATHAM CT.  
GREENACRES, FL 33463 US

**New Mailing Address:**

1141 CALA LILY COVE  
WEST PALM BEACH, FL 33415 US

**FEI Number:** 27-3148758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAVEZ, MONICA  
1 CHATHAM CT.  
GREENACRES, FL 33463 US

**Name and Address of New Registered Agent:**

CHAVEZ, MONICA  
1141 CALA LILY COVE  
WEST PALM BEACH, FL 33415 US

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.

**SIGNATURE:** MONICA CHAVEZ

03/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** CHAVEZ, MONICA  
**Address:** 1141 CALA LILY COVE  
**City-St-Zip:** GREENACRES, FL 33463 US

**Title:** VP  
**Name:** BUDD, AKISCHA  
**Address:** 1141 CALA LILY COVE  
**City-St-Zip:** WEST PALM BEACH, FL 33415

**Title:** T  
**Name:** GONZALEZ, CHRISTOBAL E  
**Address:** 1141 CALA LILY COVE  
**City-St-Zip:** WEST PALM BEACH, FL 33415

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MONICA CHAVEZ

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03/25/2011

Electronic Signature of Signing Officer or Director

Date