

FILED

May 14, 2003 8:00 am  
Secretary of State

04-25-2003 90194 015 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P92000006707

1. Entity Name  
SUPER FAST DELIVERY, INC.Principal Place of Business  
2025 N.W. 102ND AVE  
SUITE 104  
MIAMI FL 33165  
USMailing Address  
2025 N.W. 102ND AVE  
SUITE 104  
MIAMI FL 33165  
US2. Principal Place of Business  
8225 NW 68th St.3. Mailing Address  
8225 NW 68th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGESCity & State  
MIAMI - FLCity & State  
MIAMI - FL

4. FEI Number 65-0386665

Applied For  
Not Applicable

Zip 33166

Country US

Zip 33166

Country US

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORDERO, ANA D  
1313 PONCE DE LEON BLVD  
SUITE 200  
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State9. 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 PS  
NAME GONZALEZ, HUGO RENE ☐ Delete  
STREET ADDRESS 9785 NW 29 AVE.  
CITY-ST-ZIP MIAMI FL 33172TITLE VC  
NAME GONZALEZ, ERNESTO ☐ Delete  
STREET ADDRESS 9785 NW 29 AVE.  
CITY-ST-ZIP MIAMI FL 33172TITLE D  
NAME GONZALEZ, EDWIN ☐ Delete  
STREET ADDRESS 9785 NW 29 AVE.  
CITY-ST-ZIP MIAMI FL 33172TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/10/03 305 5943614

Date

Daytime Phone #

CP2EC34 (10/02)

Hugo Gonzalez