

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90304 024 ***150.00

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1. Entity Name
AMERICAN DELIVERY SYSTEMS, INC.



Principal Place of Business
**7552 RIDGEFIELD LANE
LAKE WORTH, FL 33467 US**

Mailing Address
**7552 RIDGEFIELD LANE
LAKE WORTH, FL 33467 US**

94055777



2. Principal Place of Business

**62 Indian Trace
Suite, Apt. #, etc.
74**

3. Mailing Address

**62 Indian Trace
Suite, Apt. #, etc.
74**

03242004

Chg-P

CR2E034 (10/03)

City & State
Weston FL

City & State
Weston FL

4. FEI Number
65-0437733

Applied For
Not Applicable

Zip
33326 Country
USA

Zip
33326 Country
USA

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

6. Name and Address of Current Registered Agent

**COSMANO, DEBORAH -
7552 RIDGEFIELD LANE
LAKE WORTH, FL 33467**

7. Name and Address of New Registered Agent

Name **Perry D. Monrodis, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
315 SE 7th Street
Second Floor
City **Ft. Lauderdale** FL Zip Code **33301**

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 **Perry D. Monrodis**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-12-04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **ST** ☐ Delete
NAME **STEITZ-COMANO, DEBORAH**
STREET ADDRESS **7552 RIDGEFIELD LANE**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **NORMAN ALLEN**
STREET ADDRESS **208 E Bayridge Drive**
CITY-ST-ZIP **Weston FL 33326**

TITLE **Y** ☐ Change ☒ Addition
NAME **KAREN ALLEN**
STREET ADDRESS **208 E Bayridge Drive**
CITY-ST-ZIP **Weston FL 33326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: **KAREN ALLEN** 4/12/04 954 3890413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #