


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000050580 1. Entity Name AMERICAN DELIVERY SYSTEMS, INC.	
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Principal Place of Business 62 INDIAN TRACE. #74 WESTON, FL 33326 US	Mailing Address 62 INDIAN TRACE. #74 WESTON, FL 33326 US
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DO NOT WRITE IN THIS SPACE



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0437733	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MONIOUDIS, PERRY D ESQ.
315 SE 7TH ST.
SECOND FLR.
FORT LAUDERDALE, FL 33301**

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEITZ-COMANO, DEBORAH 7552 RIDGEFIELD LANE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, NORMAN 62 INDIAN TRACE #74 WESYON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLEN, KAREN 62 INDIAN TRACE #74 WESTON FL33326, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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** 3/15/05 954 3890413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #