

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Mar 15, 2005 8:00 am
Secretary of State

02-04-2005 90042 032 ***150.00

DOCUMENT # P93000077305 1. Entity Name SECURED DELIVERY SERVICE, INC.					
Principal Place of Business 1503 ELIZABETH AVENUE WEST PALM BEACH FL 33401			Mailing Address 4264 ANNA LANE WEST PALM BEACH FL 33406		
2. Principal Place of Business 1503 ELIZABETH AVENUE Suite, Apt. #, etc.			3. Mailing Address 4264 ANNA LN Suite, Apt. #, etc.		
City & State WEST PALM BEACH Zip 33401 Country FLY BEACH		City & State WEST PALM BEACH Zip 33406 Country PALM BEACH		4. FEI Number 65-0447897 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent FAUBLA, LIDER 4264 ANNA LANE WEST PALM BEACH FL 33406					
7. Name and Address of New Registered Agent 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 <u><i>LIDER FAUBLA President</i></u> DATE <u><i>1-31-05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FAUBLA, LIDER 4264 ANNA LANE WEST PALM BEACH FL 33406 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>LIDER FAUBLA LIDER FAUBLA</i></u> 3-11-05-561-833-0888 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					