


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000031148		
1. Entity Name R & E DELIVERIES, INC.		
Principal Place of Business 555 N.E. 15 STREET SUITE 100 MIAMI, FL 33132	Mailing Address 555 N.E. 15 STREET SUITE 100 MIAMI, FL 33132	



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0484807	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent RITTER, JOHN A 555 N.E. 15 STREET SUITE 100 MIAMI, FL 33132

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, 2004 Fee will be \$550.00**

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

U00000063961
02/23/04-80182-014 163.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RITTER, CONRAD 555 NE 15 ST., SUITE #100 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD RITTER, JOHN 555 N.E. 15 STREET, SUITE 100 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A RITTER

Date

Daytime Phone #

2/18/04 305-372-0933