# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Aug 24, 2009**
**Secretary of State**

DOCUMENT# P94000034000

**Entity Name:** ALL FLORIDA DELIVERY SERV. INC.

**Current Principal Place of Business:**

5111 S.W. 153 PLACE NORTH
MIAMI, FL 33185

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 651586
MIAMI, FL 33265

**New Mailing Address:**

**FEI Number: 59-3309319** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

XIMENA, ZACARIAS
5115 SW 153 PL. NORTH
MIAMI, FL 33185 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: ZACARIAS, XIMENA
Address: 5111 SW 153 PLACE NORTH
City-St-Zip: MIAMI, FL 33185

Title: VP (X) Delete
Name: JORGE, ZACARIAS
Address: 5111 SW 153 PL., NORTH
City-St-Zip: MIAMI, FL 33185

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: XIMENA ZACARIAS PD 08/24/2009

Electronic Signature of Signing Officer or Director — Date