

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000040306

1. Entity Name
I.G.W.T. DELIVERY SYSTEMS, INC.



FILED
Apr 18, 2007 08:00 AM
Secretary of State

Principal Place of Business

7841 SW 16TH ST.
MIAMI, FL 33155

Mailing Address

7841 SW 16TH ST.
MIAMI, FL 33155

\$158.75



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0665878	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, AVELINA A
7841 SW 16TH ST.
MIAMI, FL 33155

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RODRIGUEZ, FERNANDO R 7841 SW 16TH ST. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RODRIGUEZ, AVELINA A 7841 SW 16TH ST. MIAMI, FL 33155
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IN THIS SPACE**

U000000715167
04/27/07-80054-005 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone

Vico Pos 1-16-07 305-265-4598