

2007 FOR PROFIT CORPORATION. ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000052162



1. Entity Name
J.P. DELIVERY SERVICES, INC.

Principal Place of Business
8500 NW 70TH STREET
MIAMI FL 33166
US

Mailing Address
8500 NW 70TH STREET
MIAMI FL 33166
US



2. Principal Place of Business - No P.O. Box #
SAME

3. Mailing Address
SAME

1st MOORE CR2E034 (10/06)

City & State
Zip Country

City & State
Zip Country

4. FEI Number 65-0673864 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PLASENCIA, JORGE
8764 NW 189 TR
MIAMI FL 33015

7. Name and Address of New Registered Agent
Name *Jorge Plaseña*
Street Address (P.O. Box Number is Not Acceptable)
8764 NW 189 TR
City *MIAMI* FL Zip Code *33015*

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]* DATE *2/28/07*
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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLASENCIA, JORGE			NAME			
STREET ADDRESS	8764 N.W. 189 TERRACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33015			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTANA, RENE			NAME			
STREET ADDRESS	6788 SW 104 AVENUE			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33018			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* DATE *2/26/07* (205) 994-9929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR