

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90147 009 ***150.00

DOCUMENT # P96000083315

1. Entity Name
M.G. DELIVERY AND ASSEMBLY, INC.



40064492



Principal Place of Business
**1155 SW 191 TERRACE
PEMBROKE PINES, FL 33029**

Mailing Address
**1155 SW 191 TERRACE
PEMBROKE PINES, FL 33029**

2. Principal Place of Business
2309 NW 9th Terrace

3. Mailing Address
2309 NW 9th Terrace

03152006 Chg-P CR2E034 (11/05)

City & State
Cape Coral, Florida

City & State
Cape Coral, Florida

4. FEI Number
65-0697729

Applied For
☐ Not Applicable

Zip Country
33993 USA

Zip Country
33993 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERO, CARLOS A--
1155 SW 191 TERRACE
PEMBROKE PINES, FL 33029**

Name **Same name -- Carlos A. Mero**
Street Address (P.O. Box Number is Not Acceptable)
2309 NW 9th Terrace
City **Cape Coral** FL Zip Code **33993**

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, 2006 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MERO, CARLOS A
1155 SW 191 TERRACE
PEMBROKE PINES, FL 33029** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2309 NW 9th Terrace
Cape Coral, FL 33993** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TSD
MERO, MARIA G
1155 SW 191 TERRACE
PEMBROKE PINES, FL 33029** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2309 NW 9th Terrace
Cape Coral, FL 33993** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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: **Maria Mero** **MARIA MERO**

4-15-06 786-514-3844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #