2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2005 8:00 am Secretary of State **DOCUMENT # P96000100148** 04-25-2005 90243 018 ***150.00 1. Entity Name AROUND THE CLOCK DELIVERY SERVICE, INC. Principal Place of Business Mailing Address 20044200 2200 NW 2ND AVE 2200 NW 2ND AVE 202 202 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business Mailing Address 2298 Suite, Auto CR2E034 (10/03) 04042005 ty & State City & State BOLA KA+ 4. FEI Number Applied For FL 65-0715265 Not Applicable Zip 33431 \$8.75_Additional .5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kkhard HOFFMAN, RICHARD 2200 NW 2ND AVE **SUITE 202** BOCA RATON, FL 33431 Zip Code 3 / 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE Change ☐ Addition HOFF-NAN, 12 KHANS HOFFMAN, RICHARD 2298 NW 200 AVE #1) NAME NAME 2200 NW 2ND AVE #202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE . ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Channe ☐ 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 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

- Kichard Hoffman

with all other like empowered

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hma

changed, or on an attachment with an address

FILED

561.416.1115

Daytime Phone #

4.20.5