FILED
Jun 16, 2003 8:00 am
Secretary of State

04-28-2003 91501 004 ***150.00

4/2[illegible]

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

[redacted]

55048162

[redacted]

DOCUMENT # P98000001285

1. Entity Name
LARROSA DELIVERS! DELIVERIES CORPORATION

Principal Place of Business	Mailing Address
460 ES 47 ST HIALEAH, FL 33013	460 ES 47 ST HIALEAH, FL 33013

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
P.O. Box 557034	P.O. Box 557034
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33255 Country: Miami Dade	Zip: 33255 Country: Miami Dade

4. FEI Number: 65-0882169 — Applied For / Not Applicable

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
LARROSA, JUAN CARLOS 905 ES 20TH STREET HIALEAH, FL 33013	Name: Juan Carlos Larrosa Street Address (P.O. Box Number Is Not Acceptable): [illegible] W. 3 AVE City: Hialeah FL 33014

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 X Juan Carlos Larrosa 4/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

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 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARROSA, JUAN CARLOS 420 SW 29TH RD MIAMI, FL 33129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Larrosa, Juan Carlos P.O. Box 557034 Miami, FL 33255	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Juan Carlos Larrosa. 4/23/03 (305) 825-4186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

550481162

P98000001285

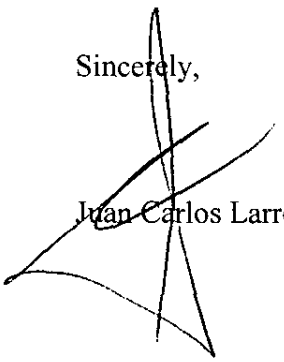
JUNE 10, 2003

Division of Corporations

Gentlemen:

I apologize for the delay in sending the corrected form.

Sincerely,



Juan Carlos Larrosa