2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000089258

City-St-Zip:

FILED Mar 23, 2006 Secretary of State

Entity Nan	ne: M&TPOC	DL SUPPLIES AND SERVICES	S, INC.				
Current Principal Place of Business:			New Principal Place of Business:				
4707 SW 7 MIAMI, FL	4TH AVENUE 33155						
Current Mailing Address:			New Mailing Address:				
4707 SW 7 MIAMI, FL	4TH AVENUE 33155						
FEI Number:	65-0868855	FEI Number Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
LOZADA, CESAR 4707 SW 74TH AVENUE SUITE 1 MIAMI, FL 33155 US			4707 SW 7 SUITE # 3	LOZADA, CESAR 4707 SW 74TH AVENUE SUITE # 3 MIAMI, FL 33155 US			
The above in the State		ibmits this statement for the pu	ırpose of changing it	s registered of	ffice or registered agent, or both	١,	
SIGNATURE:				03/23/2006			
OFFICERS	Electronic S AND DIRECT	Signature of Registered Ager ORS:		S/CHANGES	Date TO OFFICERS AND DIRECTO	DRS:	
Title: Name: Address: City-St-Zip:	PST () C LOZADA, CESAR 4707 SW 74 AVE MIAMI, FL 33155		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	VPST () E LOZADA, ADRIAN 4707 SW 74 AVE MIAMI, FL 33155		Title: Name: Address: City-St-Zip:	VPST (X) MORAN, NORB 4707 SW 74 AV MIAMI, FL 3315	E.		
Title: Name: Address: City-St-Zip:	()[Delete	Title: Name: Address: City-St-Zip:	VPST () LOZADA, ADRIA 4707 SW 74 AV MIAMI, FL 3318	Έ		
Title: Name: Address:	()	Delete	Title: Name: Address:	VSPT () LOZADA, GISEI 4707 SW 74 AV			

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address: City-St-Zip:

MIAMI, FL 33155

SIGNATURE: CESAR LOZADA **PST** 03/23/2006