


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90973 025 ***150.00

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DOCUMENT #
1. Entity Name
RMCruz DELIVERY SERVICE, INC.

P99000010239



Principal Place of Business
3480 NORTH WEST 7TH STREET
SUITE 1
MIAMI FL 33125

Mailing Address
3480 NORTH WEST 7TH STREET
SUITE 1
MIAMI FL 33125

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0890483

Applied For
Not Applicable

Zip
Country

Zip
Country

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

6. Name and Address of Current Registered Agent
CRUZ, RPOBERTO
3480 NORTH WEST 7TH STREET
SUITE 1
MIAMI FL 33125

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2003, 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD CRUZ, ROBERTO 3480 NW 7TH ST STE 1 MIAMI FL 33125
SD PEREZ, MARISOL 3480 NW 7TH ST STE 1 MIAMI FL 33125

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE RE Roberto Cruz 4/25/03 (305) 226-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #