2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 22, 2007 08:00 AM DOCUMENT # P99000014393 **Secretary of State** 1. Entity Name COVARRUBIAS SERVICE DELIVERY INC. Mailing Address Principal Place of Business 14391 SW 136 AVE. 14391 SW 136 AVE. MIAMI FL 33186 **MIAMI FL 33186** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Cily & State 4. FEI Number Applied For 65-0895216 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo COVARRUBIAS, MARIO D Street Address (P.O. Box Number is Not Acceptable) 14391 SW 136 AVE MIAMI FL 33186 Zip Code City FI 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE ☐ Dolete THEF Change Addition COVARRUBIAS, MARIO D U00000643186 NAME NAM 14391 SW 136 AVE STREET ADDRESS 03/01/07-80077-007 150.00 STREET LADORESS MIAMI FL 33186 CHY-S1-7tP CITY - ST- ZIP VPD TITLE ☐ Delete TITLE ■ Addition Change COVARRUBIAS, AURA R NAME NAME 14391 SW 136 AVE. STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-S1-ZIP CITY-ST-7(P mie. ☐ Celete 1990 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY - ST- ZIP TITLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY - ST - ZIP CITY ST-7IP IIILE ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete THEE Change Addition NAME NAME STREET ADDRESS STRUET ADDRESS

12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 eath; 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 Statutos; 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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-7IP

R Cavarrelia

2/13/07 305-971018

FILED