2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2004
Secretary of State

DOCUMENT# P99000061238

Entity Name: AL'S DELIVERIES SERVICES, CORP.

Current Principal Place of Business:

11613 NW 48 LANE
MIAMI, FL 33178 US

New Principal Place of Business:

P.O. BOX 669276
MIAMI, FL 33166 US

Current Mailing Address:

11613 NW 48 LANE
MIAMI, FL 33178 US

New Mailing Address:

P.O. BOX 669276
MIAMI, FL 33166 US

FEI Number: 65-0934020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POVIONES, ABELARDO J
11613 NW 48 LANE
MIAMI, FL 33178

Name and Address of New Registered Agent:

POVIONES, ABELARDO J
4526 NW 200TH ST
MIAMI, FL 33055

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.

SIGNATURE: _____ 04/17/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: POVIONES, ABELARDO J
Address: 11613 NW 48 LANT
City-St-Zip: MIAMI, FL 33178

Title: VPD ( ) Delete
Name: CONCEPCION, MONICA
Address: 11613 NW 48 LANE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: POVIONES, ABELARDO J
Address: P.O. BOX 669276
City-St-Zip: MIAMI, FL 33166

Title: VPD (X) Change ( ) Addition
Name: CONCEPCION, MONICA
Address: P.O. BOX 669276
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: ABELARDO J. POVIONES PD 04/17/2004
Electronic Signature of Signing Officer or Director — Date