

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000061238

FILED
Feb 03, 2005
Secretary of State

Entity Name: AL'S DELIVERIES SERVICES, CORP.

Current Principal Place of Business:

P.O. BOX 669276
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 669276
MIAMI, FL 33166 US

New Mailing Address:

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
4526 NW 200TH ST
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

02/03/2005

Electronic Signature of Signing Officer or Director

Date