

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000052596

**Entity Name:** DELIVERY ONTIME S CORP

**Current Principal Place of Business:**

10863 NW 83ST  
UNIT 7  
DORAL, FL 33178

**Current Mailing Address:**

10863 NW 83 STREET  
UNIT 7  
DORAL, FL 33178 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

COSTAFREDA VAZQUEZ, MIGUEL  
10863 NW 83 STREET  
UNIT 7  
DORAL, FL 33178 US

*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

**Officer/Director Detail :**

Title P  
Name COSTAFREDA VAZQUEZ, MIGUEL  
Address 10863 NW 83 STREET  
UNIT 7  
City-State-Zip: DORAL FL 33178

*I hereby 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 all other like empowered.*

**SIGNATURE:** MIGUEL COSTAFREDA VAZQUEZ

**PRESIDENT**

**03/03/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date