

1.) CORPORATION NAME: Dunga Delivery Corporation	DUE DATE: 3/31/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SAMUEL HABTEZION 3514 BUCKMAN RD APT 304 ALEXANDRIA, VA	SCC ID NO: 07617558				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED				
COMMON	100				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3514 BUCKMAN ROAD, APT 304

CITY/ST/ZIP: ALEXANDRIA, VA 22309

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SAMUEL DEBESAI HABTEZION		
TITLE: PRESIDENT		
ADDRESS: 3514 BUCKMAN ROAD ,APT 304		
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SAMUEL HABTEZION		
TITLE: DIRECTOR		
ADDRESS: 3514 BUCKMAN ROAD		
CITY/ST/ZIP/CO: APT 304 ALEXANDRIA, VA 22309		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ SAMUEL DEBESAI HABTEZION	SAMUEL DEBESAI HABTEZION,	1/19/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.