

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2008 8:00 am
Secretary of State

05-29-2008 90190 045 ****50.00
06-20-2008 90001 022 ****11.25

DOCUMENT # 770988 1. Entity Name DELCARI, INC.	
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Principal Place of Business 1208 THUNDER TRAIL MAITLAND, FL 32751	Mailing Address 1208 THUNDER TRAIL MAITLAND, FL 32751
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DO NOT WRITE IN THIS SPACE



05022008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2378729	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**ELJABBOUR, GEORGE
1208 THUNDER TRAIL
MAITLAND, FL 32751**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ELJABBOUR, GEORGE 1208 THUNDER TRAIL MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST ELJABBOUR, SAYONARA 1208 THUNDER TRAIL MAITLAND, FL 32751
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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 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 617, Florida Statutes; 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.

SIGNATURE: George Eljabbour 5/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #