


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90186 035 ***550.00

DOCUMENT # P0000021315

1. Entity Name
DELPHI CONSULTING, INC.



Principal Place of Business Mailing Address

300 BISCAYNE BLVD. WAY **300 BISCAYNE BLVD. WAY**
722 **722**
MIAMI, FL 33131 US **MIAMI, FL 33131 US**

24072416

2. Principal Place of Business 3. Mailing Address

1581 BRICKELL AVE **1581 BRICKELL AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
104 **104**

City & State City & State

MIAMI FL **MIAMI FL**

Zip Country Zip Country

33129-1215 USA **33129-1215 USA**

04222004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0995758 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROCHA, GUILLERMO
300 BISCAYNE BLVD. WAY # 722
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1581 BRICKELL AVE # 104

City State Zip Code

MIAMI FL 33129

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHA, GUILLERMO	NAME	
STREET ADDRESS	300 BISCAYNE BLVD. WAY # 722	STREET ADDRESS	1581 BRICKELL AVE #104
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	MIAMI FL 33129
TITLE	DVPS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ROCHA, MARTHA DIAGO	NAME	
STREET ADDRESS	300 BISCAYNE BLVD. WAY # 722	STREET ADDRESS	1581 BRICKELL AVE #104
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	MIAMI FL 33129
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Guillermo Rocha* **Guillermo Rocha** **4/29/04 3052058567**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PRES.