## FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90255 005 \*\*\*150.00

1011110111 00111 011711		
UNIFORM BUSINESS REPORT	111	RŔ
	17	
DOCUMENT # BOADAA ) (2/5		_

DEL	PHI CONSULTING	E, INC.			
	DO NOT WRITE		ACE		
		3. Mailing Address 3.00 BISCANDE BI Suite, Apt. #, etc. 711	VD. WAY	DO NOT WRITE IN THIS SPACE	
City & State M/AM		City & State  MIAMI FL		· /	Applied For Not Applicable
zip 33/3	Country U.S.A	Zip 33/3/	Country U.5.4	\$. Certificate of Status Desired Fee Requi	
7. Name and Address of Current Registered Agent  Name Co CHA Guiller Mo  Street Address (P.O. Box Number is Not Acceptable)					
	IN THIS SP.	ACE		CISCAPNE BIND. WAY F	723
			City MIAN	1/ FL Zip Co	3/3/
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or register	ed agent, or both, in the State of Florida. I am familiar with	i, and accept
SIGNATURE .	Signature prod or priviled name of registered agent all	of title if applicable. (NOTE: R	logistered Agent signature required	Wen reinstating) 9-29-33 When reinstating) DATE	
	nuary 4 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of :	State			.00 May Be ed to Fees
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND E D. P. T. ROCHA, GUILLER 300 BISCHYNE BIS MIAMI FL. 331 D. UP. S DE ROCHA, MART 300 BISCHYNE BIS MIAMI FL. 33131	10. Way #722 31	TILE ANAL STREET ADDRESS CITY ST-ZP TILE NAME STREET ADDRESS CITY ST-ZP		CR255348 (12/02)
NAME STREET ADORESS CITY+ST-ZIP	-		HILE NAME STREET ADDRESS DITY-ST-ZIP	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE  BAME  STREET ADDRESS  CITY-SI-AP	IN THIS SPACE	
TITLE NAME STREET AOORESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY: 57:20P		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			HTLE NAME STREET ADORESS CITY: ST-ZIP		
12, 1 hereby of indicated of the co	certify that the information supplied with d on this report or supplemental report is reporation or the receiver or trustee emporation.	this filing does not qualify for the true and accurate and that my owered to execute this report	R ne exemption stated in Se	ction 119.07(3)(i), Florida Statutes. I further certify that the same legal effect as if made under oath; that I am an offic 07, Florida Statutes; and that my name appears in Block	information er or director 10 or on an