

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91845 032 ***150.00

DOCUMENT # P02000020236

1. Entity Name

DELIFOOD CONSULTANT, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2470 NW 102 PLACE
Suite, Apt. #, etc.
104

3. Mailing Address

2470 NW 102 PLACE
Suite, Apt. #, etc.
104

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

02-0558003

Applied For

Not Applicable

Zip

33172

Country

U.S.A

Zip

33172

Country

U.S.A

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DANIELA J. VALERI

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

2470 NW 102 PLACE # 104

City

MIAMI

FL

Zip Code
33172

**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 DANIELA J. VALERI

Signature, typed or printed name of registered agent and title if applicable

04/25/2003

DATE: Registered Agent signature required when reinstating

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	ANGELICA D'ELIA	12352 NW 11 LANE	MIAMI, FL 33182				
VICE PRESIDENT	RICARDO RAMOS JR.	4723 SW 143 CT	MIAMI, FL 33175				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/03

DATE

305.525 4280

DAYTIME PHONE #

CR2E034B (12/02)