

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000074962

**Entity Name:** DELTAMEDIX 1 CORPORATION

**Current Principal Place of Business:**

765 SHOTGUN ROAD  
SUNRISE, FL 33326

**Current Mailing Address:**

765 SHOTGUN ROAD  
SUNRISE, FL 33326 US

**FEI Number: 27-3466078**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DA SILVA SUAREZ, ANGELINA  
765 SHOTGUN ROAD  
SUNRISE, FL 33326 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name DA SILVA SUAREZ, ANGELINA  
Address 765 SHOTGUN ROAD  
City-State-Zip: SUNRISE FL 33326

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DA SILVA SUAREZ, ANGELINA

**PRESIDENT**

**04/07/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date