

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 20 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052007 Chg-P CR2E034 (12/06)

DOCUMENT # 636413 1. Entity Name HAPAN DELGADO CORP.					
Principal Place of Business C/O MITCHELL MARGOLIES 450 E LAS OLAS BLVD # 950 FORT LAUDERDALE, FL 33301 US			Mailing Address C/O MITCHELL MARGOLIES 450 E LAS OLAS BLVD # 950 FORT LAUDERDALE, FL 33301 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2098988	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARGOLIES, MITCHELL J C/O RACHLIN COHEN & HOLTZ 450 E LAS OLAS BLVD # 950 FORT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TAN, K C 450 E LAS OLAS BLVD # 950 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TAN, KATHLEEN 450 E LAS OLAS BLVD # 950 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TAN, LESLIE 450 E LAS OLAS BLVD # 950 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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 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: April 2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					