

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F24831

Entity Name: DELCO ENTERPRISES, INC.

FILED  
Mar 30, 2004  
Secretary of State

**Current Principal Place of Business:**

13833 NW 21ST  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 440652  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 59-2089787

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEL CONTE, PINA  
13833 NW 21ST  
PEMBROKE PINES, FL 33028

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: SAVINI, ROSA MARIA  
Address: 13833 NW 21 ST  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: PD ( ) Delete  
Name: DEL CONTE, PINA  
Address: 13833 NW 21 ST  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PINA DEL CONTE

PD

03/30/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date