

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F58443

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** PEDRO P. DELGADO, INC. (AFFILIATE OF COMPREHENSIVE BUSINESS SERVICES)

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD., #1180  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2100 PONCE DE LEON BLVD.,  
800  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 165827  
MIAMI, FL 331165827

**New Mailing Address:**

**FEI Number:** 59-2146468

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELGADO, PEDRO P  
2100 PONCE DE LEON BLVD., #1180  
SUITE 700  
CORAL GABLES, FL 33134 US

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

DELGADO, PEDRO P  
2100 PONCE DE LEON BLVD.,  
800  
CORAL GABLES, FL 33134 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: PEDRO P DELGADO

Electronic Signature of Registered Agent

04/13/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: DELGADO, PEDRO P  
Address: 2100 PONCE DE LEON BLVD., #800  
City-St-Zip: CORAL GABLES, FL 33134

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: PEDRO P DELGADO

Electronic Signature of Signing Officer or Director

P

04/13/2012

Date