2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-08-2005 90070 016 ***150.00
K54589

FILED
05 APR 19 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K54589

1. Entity Name
RAUL G. DELGADO, P.A.

Principal Place of Business	Mailing Address
7700 N KNEDALL DR. 302 MIAMI, FL 33156	7700 N KNEDALL DR. 302 MIAMI, FL 33156

02082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9150 SW 87 Avenue	9150 SW 87 Avenue
Suite, Apt. #, etc.: Suite 105	Suite, Apt. #, etc.: Suite 105
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33176 Country: USA	Zip: 33176 Country: USA

4. FEI Number: 65-0103179 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELGADO, RAUL G.
7700 N KENDALL DR
SUITE 302
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name: Delgado, Raul G.
Street Address (P.O. Box Number is Not Acceptable): 9150 SW 87 Avenue
Suite 105
City: MIAMI FL Zip Code: 33176

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: [signature] DATE: 4/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS DELGADO, RAUL G. 7700 N KENDALL DR., #302 MIAMI, FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS Delgado, Raul G. 9150 SW 87 Ave, Suite 105 MIAMI, FL 33176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #