2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 8:00 am Secretary of State

	ANNUAL	REPORT				ecreta	ry oi a	Sta	ite
DOCU	MENT # K54589					04-23-2008 9	-		
1. Entity Name									
RAUL G. DELGADO, P.A.									
Principal Place	of Business	Mailing Address			40077	7500			
9150 SW 87	AVENUE	9150 SW 87 AVENUE							
SUITE 105 MIAMI, FL 33	2176	SUITE 105 Miami, FL 33176		-		•			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 10661 W : Wendall Dc 10661 N : Yea			1.11	ا ،۵					
Suite, Apt.		10661 N . Ke Suite, Apt. #, etc.	adell 1	<u>U.</u>	04470000	Oh - D	OD0E004 /4	01001	
Suite 21	6	SUITE	216	-	04172008	Chg-P	CR2E034 (1:		
City & State		City & State Mia Mi F	1		4. FEI Numbe				plied For t Applicable
Zip	Country		Country					5 Addi	
3317	16 Miagoi-DaDe		iami-Da	00		of Status Desired	Fee R	Required	
6. Name and Address of Current Registered Agent Name ()					7. Name and Address of New Registered Agent				
DELCADO BALLI C				1	ا ، ک) E1680			
9150 S W 87 AVENUE 1 SOITE 105				Idress (F	NO POX NUMBER	er ia Not Acceptable	1) Drive	,	_
MIAMI, FL 33176			SUIT	tī.	716		Part and a second		
				1 11/	<u> </u>	·	FL Z	ip_Code	77/
The above named entity submits his statement for the popose of changing its registered office or regis					ed agent, or bot	h. in the State of Flo		<u>حـرب</u> د with	and accept
the obligati	ons of registered agent		1,010.00	. • 9.0.0	o agom, o		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, up.
SIGNATURE_								-	
1	Signature, typed or printed name of registerer agent a	nd title if applicable. (NOTE: Bo	egistered Agent signatur	re required	when reinstating)		DATE		
)	F NOW!!! FEE IS \$450.00	9, Election Campaign	Financing	\$5.	00 мау Ве				
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	Trust Fund Contrib	ution.	Adde	ed to Fees				
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRE	CTORS	3 IN 11
TITLE	DPS	☐ Defete	TITLE	DP	5.	Pied G		Change	Addition
NAME STREET ADDRESS	DELGADO, RAUL G 9150 SW 87 AVE STE 105		NAME STREET ADDRESS	106	GINDO	Rock 6. Lloubal	1 Drive	301	10216
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	MIA	MI H	33176			
TITLE		☐ Delete	TITLE	7*	<u> </u>			Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		Delete	TITLE	·				Change	Addition
NAME	•		NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		Delete	TITLE		-			Change	Addition
NAME		C Defete	NAME			. –		nengo	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	··· · · · ·				<u> </u>	— • • • • • • • • • • • • • • • • • • •
TITLE NAME		Delete	TITLE NAME				U C	Change	Addition Addition
STREET ADDRESS			STREET ADDRESS						
CITY-SI-ZIP			CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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 effect 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.

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 🗘

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

4/18/08

305-596-7911

Daytime Phone #

☐ Change

☐ Addition