

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90055 046 ***158.75

DOCUMENT # **K 77125**
1. Entity Name **DELTA Printing Cont. Inc.**
561 West 65 Drive
HALEAH - FL - 33012

DO NOT WRITE IN THIS SPACE

653305

2. Principal Place of Business 561 West 65 Drive		3. Mailing Address 561 West 65 Dr	
Suite, Apt. #, etc. HALEAH -		Suite, Apt. #, etc. HALEAH - FL	
City & State FLA		City & State FL	
Zip 33012	Country DADE	Zip 33012	Country DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0110075	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name FRANCISCO A ALVAREZ
Street Address (P.O. Box Number is Not Acceptable) 561 WEST 65 DRIVE
City HALEAH - FL
Zip Code 33012

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.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE PRES/D/S	NAME AIDAN ALVAREZ	STREET ADDRESS 561 West 65th Drive	CITY-ST-ZIP HALEAH - FL 33012
TITLE	NAME ROSENDO A. ALVAREZ VAD	STREET ADDRESS 561 West 65th Drive	CITY-ST-ZIP HALEAH - FL 33012
TITLE	NAME FRANCISCO A. ALVAREZ D/S	STREET ADDRESS 561 W 65th DR	CITY-ST-ZIP HALEAH - FL 33012
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Aidan Alvarez** **AIDAN ALVAREZ** **P/D/S** **4-27-02** **305-821-9380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)