

2006

AMENDED

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 26 AM 10:26

DOCUMENT # L05000100235
1. Entity Name
Delcop, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2051 N.W. 112th Ave.
Suite, Apt. #, etc. Suite 116
City & State Doral, FL

3. Mailing Address
2051 N.W. 112th Ave.
Suite, Apt. #, etc. Suite 116
City & State Doral, FL

4. FEI Number 20-3604043
Applied For Not Applicable

Zip 33172 Country USA

Zip 33172 Country USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Andrade, Luis R.
Street Address (P.O. Box Number is Not Acceptable) 8050 N.W. 10th St.
Apt. 8
City Miami FL Zip Code 33126

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 Luis R. ANDRADE 10/20/06 DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY - ST - ZIP. Rows include MgrM De Luca, Vicente; MgrM De Luca, Ernesto; MgrM De Luca, Carmelo. Includes a 'DO NOT WRITE IN THIS SPACE' section.

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Carmelo De Luca 20/10/2006 305-889-1191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)