


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2004 8:00 am**  
**Secretary of State**

06-10-2004 90003 043 \*\*\*158.75

<b>DOCUMENT # M36022</b> 1. Entity Name DELHUGO, CORP.	
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Principal Place of Business 12805 NW 42ND AVENUE OPA LOCKA, FL 33054	Mailing Address 2121 PONCE DE LEON BLVD. #240 MIAMI, FL 33134
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2805 NW. 42 AVE.
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City & State	City & State OPA-LOCKA, FL
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Zip	Country	Zip	Country
33054			

05132004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2721857	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PRATS, GABRIEL 2121 PONCE DE LEON BLVD. #240 MIAMI, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDINA, DELIO 1380 N.W. 23RD STREET MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDINA, DELIO 600 NORTH ISLAND, GOLDEN BEACH, FL. 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ACOSTA, HUGO SR. 1380 N.W. 23RD STREET MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ACOSTA, HUGO 13020 MAR STREET CORAL GABLES, FL. 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Delio Medina 6-8-04 305-681-1880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**DELHUGO, CORP.**  
12805 NW 42 AVENUE  
OPA-LOCKA, FL 33054

Attachment  
# M/36 022  
54057107

May 13, 2003

**Uniform Business Report**  
**Division of Corporations**  
**P.O. Box 1500**  
**Tallahassee, Fl 32302-1500**

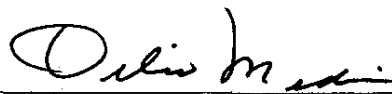
To whom it may concern:

Our Accountants have checked the records at the Division of Corporations and found that the 2003 Uniform Business Report (U.B.R) for our company has not been filed.

According to our records we didn't received the 2004 U.B.R form. Enclosed is a completed 2004 U.B.R. and a check for \$158.75. We hereby request an abatement of the filling late penalties.

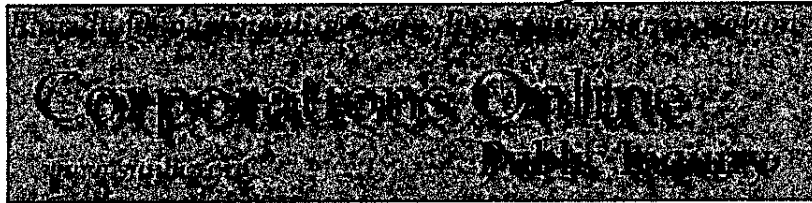
If you have any questions, please call our accountants Prats Fernandez & Co. at Tel: (305) 444-8333.

Sincerely,

  
**DELHUGO, CORP.**

*Attachment*

54057107



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**Florida Profit****DELHUGO, CORP.**

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**PRINCIPAL ADDRESS**  
12805 NW 42ND AVENUE  
OPA LOCKA FL 33054  
Changed 08/04/2003

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**MAILING ADDRESS**  
2121 PONCE DE LEON BLVD.  
#240  
MIAMI FL 33134  
Changed 03/20/2001

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**Document Number**  
M36022

**FEI Number**  
592721857

**Date Filed**  
07/30/1986

**State**  
FL

**Status**  
ACTIVE

**Effective Date**  
NONE

**Last Event**  
REINSTATEMENT

**Event Date Filed**  
03/20/2001

**Event Effective Date**  
NONE

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**Registered Agent**

Name & Address
PRATS, GABRIEL 2121 PONCE DE LEON BLVD. #240 MIAMI FL 33134
Name Changed: 03/20/2001
Address Changed: 03/20/2001

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**Officer/Director Detail**

Name & Address	Title
MEDINA, DELIO 1380 N.W. 23RD STREET	PD

*Attachment  
#M36022**54057107*

MIAMI FL 33142	
ACOSTA, HUGO SR. 1380 N.W. 23RD STREET	TD
MIAMI FL 33142	

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### Annual Reports

Report Year	Filed Date
2001	03/20/2001
2002	08/01/2002
2003	08/04/2003

[Previous Filing](#)[Return to List](#)[Next Filing](#)

### View Events

No Name History Information

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### Document Images

Listed below are the images available for this filing.

<a href="#">08/04/2003 -- ANN REP/UNIFORM BUS REP</a>
<a href="#">08/01/2002 -- COR - ANN REP/UNIFORM BUS REP</a>
<a href="#">03/20/2001 -- REINSTATEMENT</a>
<a href="#">07/28/1999 -- ANNUAL REPORT</a>
<a href="#">04/06/1998 -- ANNUAL REPORT</a>
<a href="#">07/28/1997 -- ANNUAL REPORT</a>
<a href="#">08/12/1996 -- 1996 ANNUAL REPORT</a>
<a href="#">05/14/1996 -- 1996 ANNUAL REPORT</a>

**THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT**[Corporations Inquiry](#)[Corporations Help](#)