


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000021315		
1. Entity Name DELPHI CONSULTING, INC.		
Principal Place of Business 1581 BRICKELL AVE 104 MIAMI, FL 33129-1215 US	Mailing Address 1581 BRICKELL AVE 104 MIAMI, FL 33129-1215 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ROCHA, GUILLERMO 1581 BRICKELL AVE #104 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ROCHA, GUILLERMO 1581 BRICKELL AVE #104 MIAMI, FL 33129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS DE ROCHA, MARTHA DIAGO 1581 BRICKELL AVE #104 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 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: <u>Guillermo Rocha</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/23/06 Date 3052058567 Daytime Phone #



01212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0995758	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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02/07/06-80026-010 158.75

**DO NOT WRITE
IN THIS SPACE**