## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

**FILED** Apr 12, 2007 08:00 AM Secretary of State

DOC	IMEN	JT #	POO	റററ	i021	131	5
	JIVILI			~~~	~		

1. Entity Name

DELPHI CONSULTING, INC.



Principal Place of Business

1581 BRICKELL AVE

MIAMI, FL 33129-1215 US

Mailing Address

1581 BRICKELL AVE

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33129-1215 US



03222007

No Chg-P

CR2E034 (11/05)

Applied For

4. FEI Number

65-0995758

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROCHA, GUILLERMO 1581 BRICKELL AVE #104

## DO NOT WRITE

MIAMI, FL 33131				IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or both	, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE		
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ROCHA, GUILLERMO 1581 BRICKELL AVE #104 MIAMI, FL 33129				<u>U00000700412</u>		
NAME STREET ADDRESS CITY-ST-ZIP	DVPS DE ROCHA, MARTHA DIAGO 1581 BRICKELL AVE #104 MIAMI, FL 33131				04/20/07-80017-010 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			i				
TITLE NAME STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·					

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:

CITY-ST-ZIP