

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90029 030 ***150.00

DOCUMENT # P00000046972					
1. Entity Name DELAGANA CORPORATION					
Principal Place of Business 201 SOUTH BISCAYNE BOULEVARD SUITE 1500 (BB) MIAMI, FL 33131 US			Mailing Address 201 SOUTH BISCAYNE BOULEVARD SUITE 1500 (BB) MIAMI, FL 33131 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01122008 Chg-P CR2E034 (11/05)	
4. FEI Number 65-1012815				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01122008 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent CORPORATION OF MIAMI 201 SOUTH BISCAYNE BOULEVARD SUITE 1500 (BB) MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when relocating) DATE _____					
FILE NOW!!! FEB IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DE PICCIOTTO, RENE 701 BRICKELL AVENUE SUITE 1740 2410 MIAMI, FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GARCIA, RAUL 701 BRICKELL AVENUE SUITE 1740 2410 MIAMI, FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 or other like empowered.					
SIGNATURE: _____ <i>Raul R. Garcia</i> 1/17/06 305-3793221					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					