


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90005 015 \*\*\*158.75

<b>DOCUMENT # P00000055410</b>	
1. Entity Name OMAR DELAROSA ENTERPRISES, INC.	

Principal Place of Business 805 SW 22 TERRACE FORT LAUDERDALE, FL 33312	Mailing Address 4270 NE 1 TERRACE FORT LAUDERDALE, FL 33334
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**54007036**

2. Principal Place of Business <b>6812 NW 1ST Court</b>	3. Mailing Address <b>6812 NW 1ST CT.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Margate, FL</b>	City & State <b>Margate, FL</b>
Zip <b>33063</b>	Zip <b>33063</b>
Country <b>U.S.A.</b>	Country <b>USA</b>



02122004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  DELAROSA, OMAR 6812 NW 1ST CT MARGATE, FL 33063	
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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 reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PS DELAROSA, OMAR 6812 NW 1ST CT MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** OMAR DELAROSA **2/12/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #