


FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90117 034 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000027296			
1. Entity Name DELAROSA, INC.			
Principal Place of Business DELA ROSE INC 8427 SW 132 ST MIAMI, FL 33196		Mailing Address 10034 SW 162ND PL MIAMI, FL 33196	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DELAROSA, ANN P 10034 SW 162ND PL. MIAMI, FL 33196		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 <i>Anna Delarosa</i>		DATE <i>4/31/2003</i>	
Signature, typed or printed name of registered agent and filer if applicable		(NOTE: Registered Agent's signature required when substituting)	
DATE		DATE	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELAROSA, ANA	NAME	
STREET ADDRESS	10034 SW 162 PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33146	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
Change of Address		13528 Jennita Drive	
		Hudson Fl. 34667	
		(727) 697-1808	
		Mailing Address	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Anna Delarosa</i>		DATE: <i>4/31/2003</i>	
Signature and typed or printed name of signing officer or director		Date	

90135266



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1084483** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

05REC034 (10/02)