2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# P01000077981

Entity Name: DELGADO ENTERPRISES, INC.

Current Principal Place of Business:

323 NAVARRE AVE.
106
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

323 NAVERRE AVE.
106
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-1129637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TONANTE, HECTOR O
323 NAVARRE AVE.
APT. # 106
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

TONANTE, HECTOR O
2110 SW 3RD. AVE.
APT. 5-D
MIAMI, FL 33129 US

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.

SIGNATURE: HECTOR TONANTE 03/31/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: TONANTE, HECTOR O
Address: 323 NAVARRE AVE. APT. # 106
City-St-Zip: CORAL GABLES, FL 33134

Title: VTD ( ) Delete
Name: CACACE, PATRICIA R
Address: 323 NAVARRE AVE. APT. # 106
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: TONANTE, MARIA B
Address: 323 NAVARRE AVE. APT. # 106
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: TONANTE, MARIA G
Address: 323 NAVARRE AVE. APT. # 106
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: TONANTE, FEDERICO O
Address: 323 NAVARRE AVE. APT. # 106
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR TONANTE PSD 03/31/2009
Electronic Signature of Signing Officer or Director Date