


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90184 006 \*\*\*150.00

<b>DOCUMENT # P02000007604</b>		
1. Entity Name <b>DELTA COMPUTER AND ASSOCIATES INC.</b>		
Principal Place of Business <b>6305 SW 35 ST MIAMI, FL 33155</b>	<i>New address 2643 SW 143 Ave. MIAMI, FL 33175</i>	Mailing Address <b>6305 SW 35 ST MIAMI, FL 33155</b>

*14020395*



04012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0596685</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**SANCHEZ, FERNANDO**  
**6305 SW 35 ST**  
**MIAMI, FL 33155**  
*2643 SW 143 Ave.  
Miami (FL) 33175*

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IN THIS SPACE**

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 *Fernando Sanchez* *4-23-04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SANCHEZ, FERNANDO
STREET ADDRESS	<b>6305 SW 35 ST</b> <i>2643 SW 143 Ave.</i>
CITY-ST-ZIP	<b>MIAMI, FL 33155</b> <i>Miami (FL) 33175</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Fernando Sanchez* *4-23-04* *(305) 9786526*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *(305) 6658498*