FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91845 032 ***150.00

DOCUMENT # P02000020236

1. Entity Name

DELIFOOD CONSULTANT, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2470 NW 102 PLACE		2470 NW 102 PLACE	
Suite, Apt. #, etc. 104		Suite, Apt. #, etc. 104	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33172	Country U.S.A	Zip 33172	Country U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0558003 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DANIELA J. VALERI

Street Address (P.O. Box Number is Not Acceptable): 2470 NW 102 PLACE # 104

City: MIAMI **FL** Zip Code: 33172

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: DANIELA J.VALERI — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 04/25/2003

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
PRESIDENT ANGELICA D'ELIA 12352 NW 11 LANE MIAMI, FL 33182.	
VICE PRESIDENT RICARDO RAMOS JR. 4723 SW 143 CT MIAMI, FL 33175	
	DO NOT WRITE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Angelica D'Elia — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 04/25/03 — Daytime Phone #: 305-525 4280

CR2E034B (12/02)