FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90165 016 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000025078

1. Entity Name
DELAMAR SERVICES, INC.

Principal Place of Business	Mailing Address
611 N.W. 134TH AVE. MIAMI, FL 33182	611 N.W. 134TH AVE. MIAMI, FL 33182

2. Principal Place of Business	3. Mailing Address
10501 SW 46 TERR	10501 SW 46 TERR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33165 Country: USA	Zip: 33165 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 57-1148986 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAMAR, LUIS DE
611 N.W. 134TH AVE.
MIAMI, FL 33182

7. Name and Address of New Registered Agent

Name: ANA M. VELIZ
Street Address (P.O. Box Number is Not Acceptable): 999 Ponce de Leon Blvd
PH 1120
City: CORAL GABLES FL Zip Code: 33134

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: __________ 4/25/03
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, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD / LAMAR, LUIS D / 611 N.W. 134TH AVE. / MIAMI, FL 33182 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD / Luis de Lamar / 10501 SW 46 TERR. / MIAMI, FL 33165 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: __________ 4/25/03 (786) 2106027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #