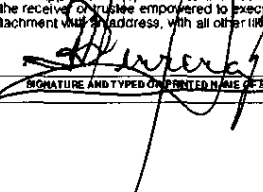


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90108 041 ***150.00

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

DOCUMENT # P02000035558			
1. Entity Name DELHER CORP.			
Principal Place of Business 6035 N.W. 87 AVENUE MIAMI, FL 33178		Mailing Address 6035 N.W. 87 AVENUE MIAMI, FL 33178	
2. Principal Place of Business 401 BANK'S RD. # 6		3. Mailing Address Suite, Apt. #, etc.	
City & State MARGATE, FL		City & State	
Zip 33063		Country USA	
4. FEI Number 03-043 4998		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent WALKER, MONEQUE S 9260 W. FLAGLER STREET SUITE 1E MIAMI, FL 33144		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when substituting) DATE _____			
FILING NOTICE: FEE \$13,000.00 After May 11, 2003, Fee will be \$550.00 Check Payment 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 PD HERRERA, DELSON 6035 N.W. 87 AVENUE MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP PD HERRERA DELSON 401 BANK'S RD #6 MARGATE FL 33063	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 filing empowered.			
SIGNATURE: 		4/28/03 (954) 971 7667	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

70055139



OR2034 (10/02)