

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

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90110 009 ***150.00

DOCUMENT # 1. Entity Name	PO2000078142
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4604 SW 159 AVE Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State SAME	
Zip 33185	Country USA	Zip SAME	Country USA

14016592

DO NOT WRITE IN THIS SPACE

4. FEI Number		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 DELGADO, ARNALDO JR	
Street Address (P.O. Box Number is Not Acceptable) 4604 SW 159 AVENUE	
City MIAMI	Zip Code 33185

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 signature required when reinstating) DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD DELGADO, ARNALDO JR 4604 SW 159 AVENUE MIAMI FL 33185	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T DELGADO, ARNALDO SR 8658 SW 159 CT MIAMI FL 33193	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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ARNALDO DELGADO JR

4/29/2005

786-251-2905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #