

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000003347

1. Entity Name
**DELGADO BROTHERS REAL ESTATE DEVELOPMENT,
INC.**



Principal Place of Business

**6450 W 21 COURT
SUITE 301
HIALEAH, FL 33016**

Mailing Address

**6450 W 21 COURT
SUITE 301
HIALEAH, FL 33016**



03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1649335

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DELGADO, OSCAR J
6450 W 21 COURT
SUITE 301
HIALEAH, FL 33016**

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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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

**UN00000482811
04/11/06-80092-001 158.75**

10.

OFFICERS AND DIRECTORS

TITLE

D

NAME

DELGADO, JOSE M

STREET ADDRESS

6450 W 21 COURT #301

CITY-ST-ZIP

HIALEAH, FL 33016

TITLE

D

NAME

DELGADO, OSCAR J

STREET ADDRESS

6450 W 21 COURT #301

CITY-ST-ZIP

HIALEAH, FL 33016

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TITLE

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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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #