

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90278 047 \*\*\*150.00

**20041654**



04182005 Chg-P CR2E034 (10/03)

4. FEI Number **03-0507056** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**DELGADO, RAFAEL**  
**13756 S.W. 157 STREET**  
**MIAMI, FL 33177**

7. Name and Address of New Registered Agent  
Name **DELGADO RAFAEL**  
Street Address (P.O. Box Number is Not Acceptable)  
**9709 HAMMOCK BLVD # 102**  
City **MIAMI** **FL** Zip Code **33196**

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]* **RAFAEL DELGADO PRESIDENT** **4/19/05**  
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, 2005 Fee will be \$350.00**

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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DELGADO, RAFAEL</b>		NAME		
STREET ADDRESS	<b>13756 S.W. 157 STRTEET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33177</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DELGADO, VICTOR J</b>		NAME		
STREET ADDRESS	<b>13756 SW 157 ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33177</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DELGADO, MAGNA</b>		NAME		
STREET ADDRESS	<b>13756 SW 157 CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33177</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *[Signature]* **RAFAEL DELGADO PRESIDENT** **04/19/05** **305 388 0577**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #