

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 03, 2004 8:00 am**  
**Secretary of State**

09-03-2004 90003 049 \*\*\*150.00

**DOCUMENT # P03000036163**

1. Entity Name

DELTA LABS, INC.



Principal Place of Business

1298 NW 91 AVE  
CORAL SPRINGS FL 33071

Mailing Address

1298 NW 91 AVE  
CORAL SPRINGS FL 33071

2. Principal Place of Business

*Suite 1298 NW 91 Ave*

Suite, Apt. #, etc.

3. Mailing Address

*7378 West Atlantic Blvd*

Suite, Apt. #, etc.

*# 374*

City & State

*Coral Springs FL*

City & State

*Margate FL*

Zip

*33071*

Country

*USA*

Zip

*33063*

Country

*USA*

4. FEJ Number

*65-1181091*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.  
1840 SW 82ND ST.  
4TH FLOOR  
MIAMI FL 33145~~

*Delete.*

7. Name and Address of New Registered Agent

Name *Travis Thompson*

Street *1298 NW 91 Ave*

*Coral Springs*

**FL**

Zip Code *33063*

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*8-30-04*

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *PTD* ☐ Delete  
NAME *THOMPSON, TRAVIS M*  
STREET ADDRESS *1298 NW 91 AVE*  
CITY-ST-ZIP *CORAL SPRINGS FL 33071*

TITLE *VSD* ☐ Delete  
NAME *THOMPSON, DELLA*  
STREET ADDRESS *1298 NW 91 AVE*  
CITY-ST-ZIP *CORAL SPRINGS FL 33071*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *Travis Thompson* ☒ Change ☐ Addition  
NAME *1298 NW 91 Ave*  
STREET ADDRESS *Coral Springs FL*  
CITY-ST-ZIP *33071*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8-30-04 754-368-6867*

Date

Daytime Phone #