2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE:

an address, with all other like empowered

## Feb 17, 2004 8:00 am Secretary of State DOCUMENT # P03000039529 1. Entity Name 02-17-2004 90030 002 \*\*\*150.00 DALAGA, INC. Principal Place of Business Mailing Address 2824 W. SHELTON AVE 2824 W. SHELJON WE 3 208 9W. DEBAZAW AUR Suite, Apt. #, etc MOORE CR2E034 (11/03) Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent vessel,7robert l'esq. ss (P.O. Box Number is Not Acceptable) 1100 KENNEDY BL TAMPA FL 33606 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. Michael ATRUMAR FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. D15,00 TITLE ☐ Delete TITLE Change Addition DAVID G ANDREWS ANDREWS, DAVID G NAME NAME 2953 CHARIOHE ST 2958 N. CHARLOTTE STREET ADDRESS STREET ADDRESS ST. GILBERTVILLE PA 19525 CITY-ST-7IP CUTY-ST-7IP TITLE Delete Addition TITLE Change MICHAEL A TRUSIALL 3208 N. De BAZAN ALE ANDREWS, GARRETT M NAME NAME STREET ADDRESS 2824 W. SHELTON AVE STREET ADDRESS F1, 33706 TAMPA FL 33611 ST. Pale Genen CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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

FILED