

2004 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90387 037 \*\*\*150.00

DOCUMENT # P03000061437

1. Entity Name

DEL & WORK INC.



**DO NOT WRITE IN THIS SPACE**

**44040864**

2. Principal Place of Business  
**6164 CLEVELAND RD**

3. Mailing Address  
**6164 CLEVELAND RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**JACKSONVILLE, FL**  
Zip  
**32209**  
Country

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**JACKSONVILLE, FL**  
Zip  
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4. FEI Number  
**02-0692724**

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  
**TESSEMA, NETSANT**

Street Address (P.O. Box Number is Not Acceptable)  
**6164 CLEVELAND RD**

City  
**JACKSONVILLE, FL** Zip Code  
**32209**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**TESSEMA, NETSANT**  
**6164 CLEVELAND RD**  
**JACKSONVILLE, FL 32209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT**  
**BELAY, WORKU B**  
**6164 CLEVELAND RD**  
**JACKSONVILLE, FL 32209**

TITLE  
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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: *M. Tessema*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/26/04**

Date

Daytime Phone #

CR2E034B (12/02)