2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 28, 2006 8:00 am
Secretary of State
04-03-2006 90352 017 ***150.00

DOCUMENT # P03000061437

1. Entity Name

DEL & WORK INC.

Principal Place of Business	Mailing Address
6164 CLEVELAND ROAD JACKSONVILLE FL 32209	6164 CLEVELAND ROAD JACKSONVILLE FL 32209

CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 02-0692724 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

TESSEMA, NETSANT
6164 CLEVELAND RD
JACKSONVILLE FL 32209

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
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	PD	☐ Delete
NAME	TESSEMA, NETSANT	
STREET ADDRESS	6164 CLEVELAND ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	VT	☐ Delete
NAME	BELAY, WORKU B	
STREET ADDRESS	6164 CLEVELAND ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 exemptions contained in Section 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: Netsant Tessema President 4/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

66023569
#P03000061437

August 22, 2006

For Florida Dept. of State Division of corporations officer there was a misunderstanding on the paper we received would you please waive the $400.00 late fee and update our corporation we already paid the $150.00 filing fee.

thanks