

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90205 049 ***150.00

DOCUMENT # P03000069216					
1. Entity Name DEL LEX CORPORATION					
Principal Place of Business 4031 NE 4TH AVE. POMPANO BEACH, FL 33064			Mailing Address 4031 NE 4TH AVE. POMPANO BEACH, FL 33064		
2. Principal Place of Business 6583 SW 10th Ct. Suite, Apt. #, etc.		3. Mailing Address 6583 SW 10th Ct. Suite, Apt. #, etc.			
City & State N. LAUDERDALE, FL Zip: 33008 Country: U.S.A.		City & State N. LAUDERDALE, FL Zip: 33068 Country: U.S.A.		4. FEI Number 20-0055405	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SILVA, DELSON S 4031 NE 4TH AVE. POMPANO BEACH, FL 33064			7. Name and Address of New Registered Agent Name: ALEXSANDRO DA SILVA Street Address (P.O. Box Number is Not Acceptable): 6583 SW 10th Ct. City: N. LAUDERDALE FL Zip Code: 33068		
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: <u>Alexsandro da Silva</u> DATE: <u>05/10/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: PD NAME: SILVA, DELSON S STREET ADDRESS: 4031 NE 4TH AVE. CITY-ST-ZIP: POMPANO BEACH, FL 33064	<input checked="" type="checkbox"/> Delete		TITLE: VD NAME: JADSON ALMEIDA DA COSTA STREET ADDRESS: 863 TIVOLE SPRINGS CIR. # 203 CITY-ST-ZIP: DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: VTD NAME: DA SILVA, ALEXSANDRO STREET ADDRESS: 4031 NE 4TH AVE. CITY-ST-ZIP: POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete		TITLE: PD NAME: DA SILVA, ALEXSANDRO STREET ADDRESS: 6583 SW 10th Ct. CITY-ST-ZIP: N. LAUDERDALE, FL 33068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SD NAME: DA SILVA SOARES, LEILA M STREET ADDRESS: 4031 NE 4TH AVE. CITY-ST-ZIP: POMPANO BEACH, FL 33064	<input checked="" type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Alexsandro da Silva</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>05/10/04</u> Daytime Phone #: <u>(754) 214-1166</u>		