

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90008 012 \*\*\*150.00

60027115



03132007 Chg-P CR2E034 (12/06)

4. FEI Number **61-1454754** Applied For ☐ Not Applicable ☐

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

7. Name and Address of New Registered Agent  
Name **ANGULO, FLOR E**  
Street Address (P.O. Box Number is Not Acceptable)  
**120 COMMODORE DR #610**  
City **PLANTATION** FL Zip Code **33325**

DOCUMENT # P03000087173

1. Entity Name  
**DELIK FASHION, CORP**



Principal Place of Business  
**70 SW 91ST AVE APT 202  
PLANTATION, FL 33324**

Mailing Address  
**70 SW 91ST AVE APT 202  
PLANTATION, FL 33324**

2. Principal Place of Business - No P.O. Box #  
**120 COMMODORE DR #610**  
Suite, Apt. #, etc. **610**

3. Mailing Address  
**120 COMMODORE DR #610**  
Suite, Apt. #, etc. **610**

City & State **PLANTATION** City & State **PLANTATION**

Zip **33325** Country **USA** Zip **33325** Country **USA**

6. Name and Address of Current Registered Agent  
**ANGULO, FLOR E  
70 SW 91ST AVE APT 202  
PLANTATION, FL 33324**

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]* (NOTE: Registered Agent signature required when reinstating) DATE **3/13/07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PVP	<input checked="" type="checkbox"/> Delete
NAME	ANGULO, FLOR	
STREET ADDRESS	3190 CORAL LAKE LANE, BLDG. 25	
CITY-ST-ZIP	CORAL SPRING, FL 33065	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ANGULO, FERNANDO	
STREET ADDRESS	3190 CORAL LAKE LANE, BLDG. 25	
CITY-ST-ZIP	CORAL SPRING, FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGULO, FLOR E	
STREET ADDRESS	120 COMMODORE DR #610	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGULO, FERNANDO	
STREET ADDRESS	120 COMMODORE DR #610	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* 3/13/07 (954) 693-3691  
Date Daytime Phone #