

FILED
Mar 07, 2008 8:00 am
Secretary of State

DOCUMENT # P03000087173

Mailing Address
120 COMMODORE DR.
610
PLANTATION, FL 33325

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip	Country
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02202008 Chg-P CR2E034 (12/06)

4. FEI Number
61-1454754

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANGULO, FLOR E
120 COMMODORE DR.
610
PLANTATION, FL 33325

Name _____

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

City

FI	Zip Code
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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)


DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 type="checkbox"/> Delete
NAME	ANGULO, FLOR	
STREET ADDRESS	120 COMMODORE DR., 610	
CITY - ST - ZIP	PLANTATION, FL 33325	

TITLE	T	 Delete
NAME	ANGULO, FERNANDO	
STREET ADDRESS	120 COMMODORE DR., 610	
CITY - ST - ZIP	PLANTATION, FL 33325	

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		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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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	

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

Est:

Daytime Phone # _____

ATTACHMENT

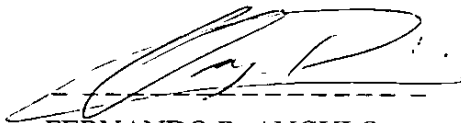
40040700

#P03000087173

RESIGNATION

I, (WE) THE UNDERSIGNED, TREASURER OF DELI-K FASHION CORP. (DOCUMENT # P03000087173), A FLORIDA CORPORATION, DO HEREBY TENDER MY RESIGNATION EFFECTIVE ON DECEMBER 31, 2007, AND MY STOCKHOLDERS (100% SHARES) WILL BE TRANSFERED IN PROPERTY TO THE DIRECTOR – PRESIDENT FLOR E. ANGULO, TO EFFECT UPON THE ADJOURNMENT OF THE MEETING OF THE BOARD OF DIRECTORS AT WHICH THIS RESIGNATION IS ACCEPTED ON DECEMBER 31, 2007.

DATE: DECEMBER 31, 2007



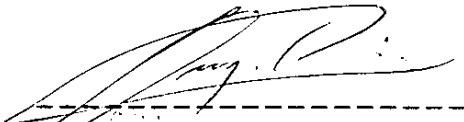
FERNANDO R. ANGULO

STATE OF FLORIDA

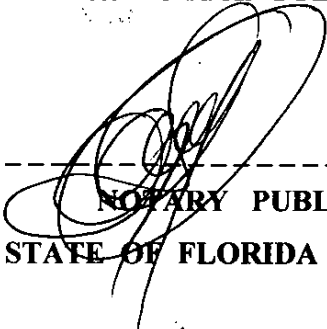
DADE COUNTY

BEFORE ME PERSONALLY APPEARED FERNANDO R. ANGULO, WELL KNOWN TO ME AND THE PERSONS DESCRIBED IN, AND WHO EXECUTED THE FOREGOING INSTRUMENT FOR THE PURPOSES THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL, THIS FEBRUARY 29, 2008.



FERNANDO R. ANGULO



NOTARY PUBLIC

STATE OF FLORIDA AT LARGE

