2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2007 08:00 A Secretary of State

DOCUMENT # P03000103485 1. Entity Name R DELGADO INC						Secretary of St		
1	e of Business ID BEND AVE FL 32746 US	Mailing Address 177 E GRAND BEND AVE LAKE MARY, FL 32746 US	3		1 1 1 1 1 1 1 1 1 1 	18 18 18 18		I Elect (coe elike) il ire
	O NOT WRITE	IN THIS SPA	CF		04122007	No Chg-P		4 (11/05)
		IN THIS STA		,	4. FEI Number 20-02416 5. Certificate of \$			Applied For Not Applicable 8.75 Additional ee Required
	6. Name and Address of Current Ro	gistered Agent	T .				<u> </u>	
DELGADO, ROBERTO F 177 E GRAND BEND AVE LAKE MARY, FL 32746						IOT W		
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. Typed or printed name of registered agent and late if applicable (NOTE: Registered Agent signature required when reinstating) OATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				\$5 . Adde	00 May Be ed to Fees			
10.	OFFICERS AND D	RECTORS			; ,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELGADO, ROBERTO F 177 E GRAND BEND AVE LAKE MARY, FL 32746							
TITLE NAME STREET ADDRESS CJTY-ST-ZIP				· · ·		:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	is .] .		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-SI-ZIP					IN T	HIS SF	ACE	

12. I hereby certify that the information supplied with this filling 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 the 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/13/07 407) 330

000000720322 05/01/07-80100-002 150.00