

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90020 033 \*\*\*150.00

40018947



<b>DOCUMENT # P03000124819</b> 1. Entity Name <b>DELGADO CARPET INSTALLATION, INC.</b>					
Principal Place of Business <b>718 W NEW YORK AVE DELAND, FL 32720</b>			Mailing Address <b>P.O. BOX 124 PIERSON, FL 32180</b>		
2. Principal Place of Business <b>124 SHORE ST.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>PIERSON, FL</b>		City & State Suite, Apt. #, etc.		02142005 Chg-P CR2E034 (10/03)	
Zip <b>32180</b>		Country <b>USA</b>		4. FEI Number <b>20-0474582</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>			7. Name and Address of New Registered Agent Name <b>SERGIO E. DELGADO</b> Street Address (P.O. Box Number is Not Acceptable) <b>124 SHORE STREET</b> City <b>PIERSON</b> <b>FL</b> Zip Code <b>32180</b>		
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 <b>SERGIO E. DELGADO</b> <b>SERGIO E. DELGADO</b> <b>2/14/05</b> <small>Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DELGADO, SERGIO E 718 W NEW YORK AVE DELAND, FL 32720		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>124 SHORE ST PIERSON, FL 32180</b>	
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	
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: <b>SERGIO E. DELGADO</b> <b>SERGIO E. DELGADO</b> <b>2/14/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					