

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90224 034 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000043135 1. Entity Name DELUCA CAVIAR, INC.					
Principal Place of Business 1720 HARRISON ST. #18-A HOLLYWOOD, FL 33020			Mailing Address 1720 HARRISON ST. #18-A HOLLYWOOD, FL 33020		
2. Principal Place of Business - No P.O. Box # 940 W. Hallandale Beach Blvd		3. Mailing Address Same as #2			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Hallandale Beach, FL		City & State Same as #2		4. FEI Number 51-0500938	
Zip 33009		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 file if applicable) (NOTE: Registered Agent signature required when reappointing) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SARIS-SZYFTER, JOLANTA 1535 MADISON ST HOLLYWOOD, FL 33020	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SARIS-SZYFTER, JOLANTA 1535 MADISON ST HOLLYWOOD, FL 33020	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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>Y. L. Saris-Szyfter</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			05-01-08 (954) 458-2961 Date Daytime Phone #		