

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000077529

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** DEL CID ENTERPRISES, INC.

**Current Principal Place of Business:**

424 EVERGREEN DR  
LAKE PARK, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

424 EVERGREEN DR  
LAKE PARK, FL 33403

**New Mailing Address:**

**FEI Number:** 55-0866794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEL CID, MARY  
424 EVERGREEN DR  
LAKE PARK, FL 33403 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** MRS  
**Name:** DEL CID, MARY  
**Address:** 424 EVERGREEN DR  
**City-St-Zip:** LAKE PARK, FL 33403

**Title:** MR  
**Name:** DEL CID, MARVIN  
**Address:** 424 EVERGREEN DR  
**City-St-Zip:** LAKE PARK, FL 33403

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MARY DEL CID

PRES

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date