2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State
01-30-2008 90083 001 ***150.00
01-30-2008 90083 002 *****8.75

DOCUMENT # P04000094350

1. Entity Name
MICHAEL DELEO CORP.

Principal Place of Business	Mailing Address
4982 N. CITATION DRIVE SUITE #202 DELRAY BEACH, FL 33445	4982 N. CITATION DRIVE SUITE #202 DELRAY BEACH, FL 33445

01232008 Chg-P CR2E034 (12/06)

2. Principal Place of Business / No P.O. Box #	3. Mailing Address
4982 N Citation Drive	
Suite, Apt. #, etc.: #202	Suite, Apt. #, etc.
City & State: Delray Beach Fla	City & State
Zip: 33445 Country	Zip Country

4. FEI Number: 13-4282712 ☐ 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
DENNIS B. FREEMAN, P.A. 20801 BISCAYNE BOULEVARD SUITE 304 AVENTURA, FL 33180	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P DELEO, MICHAEL 540 JEFFERSON BOULEVARD, SUITE 116 DEERFIELD BEACH, FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

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: _____ 1/26/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 66000500

Florida Department of Revenue Employer's Quarterly Report

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

QUARTER ENDING: 0 / 0 / 2008

EMPLOYER'S NAME: Michael Doron Corp

UT ACCOUNT NUMBER: 2549FF2 - 7

9. EMPLOYEE'S SOCIAL SECURITY NUMBER

10. EMPLOYEE'S NAME* *please print first eleven characters of last name in boxes

Last Name | First Initial | Middle Initial

11. EMPLOYEE'S GROSS WAGES PAID THIS QUARTER

US Dollars | Cents

000,000,000.00

12. Total Gross Wages This Page (Include in lines 2 and 10 on page 1)

I certify the information contained on this report is true and correct and no part of the unemployment tax was, or is to be deducted from the employee's wages.

Sign here: Signature (Must be an officer/owner) [signature] Date 1/10/08 Title President

Paid preparer only: Preparer's signature | Date | Preparer check if self-employed | Preparer's social security number or PTIN number

Firm's name (or yours if self-employed) and address | Addr | ZIP | Preparer phone number ( )

DO NOT DETACH

Mail Reply To:
Unemployment Tax
Florida Department of Revenue
5050 W Tennessee St
Tallahassee FL 32399-0180

Internet Address: www.myflorida.com/dor

FDR Fax:9543463062 Nov 18 2005 1:17 P.03

ATTACHMENT 66000500

Florida Department of Revenue Employer's Quarterly Report

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

UCT-6 R. 01/08

QUARTER ENDING: 12/31/2007 | DUE DATE: 1-10-08 | PENALTY AFTER DATE: | TAX RATE: #0270 | UT ACCOUNT NUMBER: 2549589-

F.E.I. NUMBER: 134282772

FOR OFFICIAL USE ONLY POSTMARK DATE: __/__/____

Name: Michael Delro Corp
Address: 4982 N Atlantic Drive #202
City: Delray Beach Fla. 33445

	US Dollars	Cents
2. Gross Wages Paid This Quarter (Must be same as Item 13)	000,000,000	00
3. Wages Paid This Quarter in Excess of $7,000 Per Employee This Year		
4. Taxable Wages For This Quarter (Item 2 minus Item 3)		
5. Tax Due (Multiply Item 4 by Tax Rate)		
6. Penalty Due (See Instructions)		
7. Interest Due (See Instructions)		
8. Total Amount Due Make check payable to: Florida U.C. Fund (If less than $1.00 no remittance is necessary)	000,000,000	00

Signature required on back

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the payroll period including the 12th of the month.

1st Month: ___,___
2nd Month: ___,___
3rd Month: ___,___

9. EMPLOYEE'S SOCIAL SECURITY NUMBER	10. EMPLOYEE'S NAME* *please print first eleven characters of last name in boxes	First Initial	Middle Initial	11. EMPLOYEE'S GROSS WAGES PAID THIS QUARTER (US Dollars)	Cents
NA	NA			NA	
___-__-____				000,000,000	00
___-__-____					

See Reverse Side For Additional Employees and Signature.

12. Total Gross Wages This Page

13. Total Gross Wages All Pages (Must be same as Item 2 - Gross Wages): 000,000,000.00

DO NOT DETACH

Employer's Quarterly Report (UCT-6) Payment Coupon

UCT-6 R. 01/08

Florida Department of Revenue

COMPLETE and MAIL with your REPORT/PAYMENT.
Please write your ACCOUNT NUMBER on check.
Be sure to SIGN YOUR CHECK.
Make check payable to: Florida U.C. Fund

DOR USE ONLY __/__/__ POSTMARK OR HAND DELIVERY DATE

UT ACCOUNT NO. 2549589-

F.E.I. NUMBER 134282772

AMOUNT ENCLOSED (US Dollars / Cents): 000,000,000.00

PAYMENT FOR QTR/YR: Q-YY

NA ☐ Check here if you transmitted funds electronically.

9200 0 99999999 00L8034031 L 8000107772 0000 9

Nov 18 2005 1:17 P.02 Fax:9543463062 FDR