

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90060 049 ***150.00

DOCUMENT # P06000051694		
1. Entity Name DELLABU, CORP.		

Principal Place of Business 626 W 65TH DR HIALEAH, FL 33012	Mailing Address 626 W 65TH DR HIALEAH, FL 33012
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2. Principal Place of Business - No. P.O. Box # 6940 NW 179th ST	3. Mailing Address 6940 NW 179th ST
State, Apt # etc 205	State, Apt # etc 205
City & State HIALEAH FL	City & State HIALEAH FL
Zip 33015 Country US	Zip 33015 Country US



03212007 Chg-P CR2E034 (12/06)

4. FCI Number 20-4711774		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CARDOSO, ALFONSO 5035 PALM AVE HIALEAH, FL 33012		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.

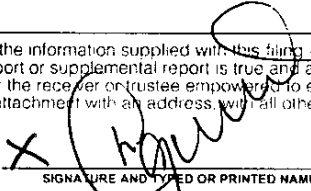
SIGNATURE _____

Signature of person or persons authorized to change registered office or registered agent or both, in the State of Florida.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AGUILER, ADALBERTO 626 W 65TH DR HIALEAH, FL 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AGUILERA, ADALBERTO 6940 NW 179th ST HIALEAH, FL 33015 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP OLIVA, YANEISY 6940 NW 179th ST HIALEAH, FL 33015 ☐ 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
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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:  **03/21/07 (786) 525-7449**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #