

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90063 026 ***150.00

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1. Entity Name
DELGO INVESTMENTS INC.



Principal Place of Business
**5440 SOUTH STATE ROAD 7
DAVIE, FL 33314 US**

Mailing Address
**5440 SOUTH STATE ROAD 7
DAVIE, FL 33314 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-4919761

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GREGO, DAVID
5440 SOUTH STATE ROAD 7
DAVIE, FL 33314**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE P,D ☐ Delete
NAME GREGO, DAVID
STREET ADDRESS 5440 SOUTH STATE ROAD 7
CITY-ST-ZIP DAVIE, FL 33314

TITLE VP ☐ Delete
NAME DELGADO, HERMINIO
STREET ADDRESS 10700 SW 48 STREET
CITY-ST-ZIP COOPER CITY, FL 33328

TITLE SE,D ☐ Delete
NAME DELGADO, GLADYS
STREET ADDRESS 10700 SW 48 STREET
CITY-ST-ZIP COOPER CITY, FL 33328

TITLE TREA ☐ Delete
NAME GREGO, DAWN
STREET ADDRESS 5440 SOUTH STATE ROAD 7
CITY-ST-ZIP DAVIE, FL 33314

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *David Grego*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID GREGO 2-7-07

9545832727