## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000156366

Entity Name: 2820 DELI CORP.

**FILED** Apr 26, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2820 SW PORT SAINT LUCIE BLVD. 2820 SW PORT SAINT LUCIE BLVD. PORT SAINT LUCIE, FL 34953 PORT SAINT LUCIE, FL 34953

**Current Mailing Address: New Mailing Address:** 

2820 SW PORT SAINT LUCIE BLVD. 2820 SW PORT SAINT LUCIE BLVD. PORT SAINT LUCIE, FL 34953 PORT SAINT LUCIE, FL 34953 US

FEI Number: 20-8122046 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

DOMINGUEZ, FERNANDO 2820 SW POŔT SAINT LUCIE BLVD. PORT SAINT LUCIE, FL 34953

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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition DOMINGUEZ, FERNANDO DOMINGUEZ, FERNANDO Name: Name: 670 SW COLLEGE PARK ROAD Address: 670 SW COLLEGE PARK ROAD Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip: PORT SAINT LUCIE, FL 34953 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Ρ SIGNATURE: FERNANDO DOMINGUEZ 04/26/2007