2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000043153

Entity Name: DELICA ENTERPRISES, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
812 NW 24 WILTON M	ITH ST. IANORS, FL 333	11 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
812 NW 24 WILTON M	ITH ST. IANORS, FL 333	11 US			
FEI Number:	20-8853648 i	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cur	rent Registered Agent:	Name and Address o	f New Registered Agent:	
CUMBERĹ 800 E. BRO	ARTHUR ESQ. AND BUILDING DWARD BOULE\ IDERDALE, FL 3	/ARD, SUITE 607 3301 US			
The above in the State		mits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUF	RE:				
	Electronic	Signature of Registered Ag	ent	Date	
Election Can	npaign Financing Tr	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () De DELICA, ROOSEW 812 NW 24TH STR WILTON MANORS	/ELT EET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () De DELICA, FRANCIAI 812 NW 24TH STR WILTON MANORS	NE J EET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () De DELICA, ROOSSE 42 LOURDES AVEI JAMAICA PLAIN, M	LY NUE, #2	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () De DELICA, FAYOLA 7608 WATERFORI CHARLOTTE, NC	D LAKES DRIVE, APT. 1818	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () De DELICA, SUZANNE 507 N.W. 39TH RC GAINESVILLE, FL	E PAD, #231	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

SIGNATURE:	DELICA ROOSEWELT	PD	04/30/2008