

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000003649

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: DELGADO-VELASCO, INC.

## Current Principal Place of Business:

9446 PHILIPS HWY  
JACKSONVILLE, FL 32256 US

## New Principal Place of Business:

9446 PHILIPS HWY  
5B  
JACKSONVILLE, FL 32256 US

## Current Mailing Address:

9446 PHILIPS HWY  
JACKSONVILLE, FL 32256 US

## New Mailing Address:

9446 PHILIPS HWY  
5B  
JACKSONVILLE, FL 32256 US

FEI Number: 26-1755393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST. SUITE 500  
ORLANDO, FL 32804 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: DELGADO, MARIA M  
Address: 11247 SAN JOSE BLVD APT 1401  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VP ( ) Delete  
Name: VELASCO, MARSELA  
Address: 11247 SAN JOSE BLVD APT 1401  
City-St-Zip: JACKSONVILLE, FL 32223 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: DELGADO, MARIA M  
Address: 5506 ASHLEIGH PARK DR  
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: VP (X) Change ( ) Addition  
Name: VELASCO, MARSELA  
Address: 5506 ASHLEIGH PARK DR  
City-St-Zip: JACKSONVILLE, FL 32244 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.

SIGNATURE: MARIA M DELGADO

PSTD

04/27/2009

Electronic Signature of Signing Officer or Director

Date