


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P18112
 1. Entity Name
DELRADO, INC.



Principal Place of Business Mailing Address
1470 SOUTH OCEAN BOULEVARD **1470 SOUTH OCEAN BOULEVARD**
POMPANO BEACH, FL 33062-7334 **POMPANO BEACH, FL 33062-7334**

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2ED34 (11/05)

4. FEI Number 59-0801364	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COFAR, LAWRENCE J., ESQ.
915 MIDDLE RIVER DRIVE, SUITE 506
FORT LAUDERDALE, FL 33304

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BLOSSER, FRED 1470 S OCEAN BLVD #802 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MULVIHILL, LARRY 1470 SOUTH OCEAN BLVD, #1101 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD O'CONNELL, MARY K 1470 SOUTH OCEAN BLVD., #201 POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HANSEN, JUDY 1470 SOUTH OCEAN BLVD, #1201 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERSSON, LUCILLE 1470 SOUTH OCEAN BLVD, #102 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLER, MARGARET 1470 S. OCEAN BLVD. #602 POMPANO BEACH, FL

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 02/16/06-80038-018 150.00

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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: X Mary Kathryn O'Connell Feb 1, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #