2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State
01-10-2007 90046 019 ***150.00

DOCUMENT # P18112

1. Entity Name
DELRADO, INC.

40000858

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

01052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0801364 ☐ Applied For ☐ Not Applicable

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
COFAR, LAWRENCE J., ESQ. 915 MIDDLE RIVER DRIVE, SUITE 506 FORT LAUDERDALE, FL 33304	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BLOSSER, FRED 1470 S OCEAN BLVD #802 POMPANO BEACH, FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MULVIHILL, LARRY 1470 SOUTH OCEAN BLVD, #1101 POMPANO BEACH, FL 33062	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Sherrill Morgan 1470 South Ocean Blvd. # 302 Pompano Beach, FL 33062	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD O'CONNELL, MARY K 1470 SOUTH OCEAN BLVD., #201 POMPANO BEACH, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Paul Weller 1470 South Ocean Blvd. # 601 Pompano Beach, FL 33062	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HANSEN, JUDY 1470 SOUTH OCEAN BLVD, #1201 POMPANO BEACH, FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERSSON, LUCILLE 1470 SOUTH OCEAN BLVD, #102 POMPANO BEACH, FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLER, MARGARET 1470 S. OCEAN BLVD. POMPANO BEACH, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Michael Finch 1470 South Ocean Blvd Pompano Beach, FL 33062	☑ Change ☐ Addition

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.

X **SIGNATURE:** Lawrence J. Cofar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #