



**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90477 028 \*\*\*150.00

DOCUMENT # P93000057524					
1. Entity Name ROLANDO DELGADO, P.A.					
Principal Place of Business 2665 S. BAYSHORE DR. SUITE 200 MIAMI, FL 33133 US			Mailing Address 2665 S. BAYSHORE DR. SUITE 200 MIAMI, FL 33133 US		
2. Principal Place of Business 2950 S.W. 27 <sup>TH</sup> AVE.		3. Mailing Address 2950 S.W. 27 <sup>TH</sup> AVE			
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300			
City & State MIAMI, FL.		City & State MIAMI, FL.		04292005 Chg-P CR2E034 (10/03)	
Zip 33133		Country USA		4. FEI Number 65-0430496	
Zip 33133		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DELGADO, ROLANDO 2665 S. BAYSHORE DR. MIAMI, FL 33133			Name DELGADO, ROLANDO		
			Street Address (P.O. Box Number is Not Acceptable) 2950 S.W. 27 <sup>TH</sup> AVENUE		
			Suite 300		
			City MIAMI		
			FL		
			Zip Code 33133		
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)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS DELGADO, ROLANDO 4705 UNIVERSITY DRIVE CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS DELGADO, ROLANDO 2950 S.W. 27 <sup>TH</sup> AVE # 300 MIAMI, FL. 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____			ROLANDO DELGADO		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/29/05		
			Daytime Phone #: (305) 448-7092		