## 2007 FOR PROFIT CORPORATION ... ANNUAL REPORT (AR)

## Apr 09, 2007 08:00 Al Secretary of State DOCUMENT # P93000060767 1. Entity Name DELGARDIO INVESTMENT PROPERTIES, INC. Principal Place of Business Mailing Address 5440 N STATE ROAD 7 5440 N STATE ROAD 7 FT LAUDERDALE FL FT LAUDERDALE FL 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0433774 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELGARDIO, GEORGE Street Address (P.O. Box Number is Not Acceptable) 5440 N STATE ROAD 7 FT LAUDERDALE FL 33313 Zip Code FL 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 Signature, typed or printed name of registered agent and title in applicable. DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State? 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE TIME Delete ☐ Change Addition DELGARDIO, GEORGE JR NAME NAME 5440 N STATE ROAD 7 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY - ST- ZIP U000000696 DST 04/17/07-80094-007-15-like 00- Addition MILE ☐ Delete THEF DELGARDIO, GEORGE III NAME NAME 5440 N STATE ROAD 7 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-S1-ZIP me Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP IIILE Delete Addition NAMI. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ■ Addition THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP THILE ☐ Change Addition ☐ Delete HILE NAME. NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information indicated on this report or deplemental eport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or tryslee improved 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, withfull other like empowered.

SIGNATURE:

GDelgardio

14-5-07

9544840400

FILED .