

2006

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90253 011 \*\*\*150.00

<b>DOCUMENT #</b> P93000066161					
1. Entity Name Delcop, Inc.					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business 7661 N.W. 68th St. Suite, Apt. #, etc. Unit 115 City & State Miami, FL Zip 33166			3. Mailing Address 7661 N.W. 68th St. Suite, Apt. #, etc. Unit 115 City & State Miami, FL Zip 33166		
Country USA			Country USA		
4. FEI Number 65-0437695			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
<b>DO NOT WRITE IN THIS SPACE</b>					
7. Name and Address of Current Registered Agent					
Name del Valle, Manuel R.					
Street Address (P.O. Box Number is Not Acceptable) 7300 N.W. 19th St.					
Suite 101					
City Miami					
FL Zip Code 33126					
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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/T de Luca, Carmelo 8050 N.W. 10th St., Apt. 8 Miami, FL 33126		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/VP de Luca, Vicente 8050 N.W. 10th St., Apt. 8 Miami, FL 33126		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S de Luca, Ernesto 8050 N.W. 10th St., Apt. 8 Miami, FL 33126		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Carmelo de Luca</u> Carmelo de Luca 04/28/06 305-889-1191 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034B (12/02)