

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000089657

Entity Name: DELLPAZ, INC.

FILED  
May 09, 2006  
Secretary of State

## Current Principal Place of Business:

15377 WHISPERING WILLOW DR.  
WELLINGTON, FL 33414

## New Principal Place of Business:

## Current Mailing Address:

15377 WHISPERING WILLOW DR.  
WELLINGTON, FL 33414

## New Mailing Address:

FEI Number: 65-0542524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELL'AQUILA, ANTHONY  
15377 WHISPERING WILLOW DR.  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D (X) Delete  
Name: PAZ, NAPOLEON  
Address: 51 SEABREEZE AVE  
City-St-Zip: DELRAY BCH, FL

Title: D ( ) Delete  
Name: DELL'AQUILA, ANTHONY  
Address: 15377 WHISPERING WILLOW DR  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: DELL'AQUILA, RENATE  
Address: 15377 WHISPERING WILLOW DR  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY DELL'AQUILA

D

05/09/2006

Electronic Signature of Signing Officer or Director

Date