

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000000979



1. Entity Name  
DELLART, INC

Principal Place of Business  
1450 BRICKELL BAY DR  
1901  
MIAMI, FL 33131 US

Mailing Address  
PMB 407  
15476 NW 77 COURT  
MIAMI, FL 33016



03012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0640008

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORDERO, ANA D  
9485 SUNSET DR  
CORAL GABLES, FL 33173

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000102079  
04/02/04-80039-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME UGALDE, CARLOS  
STREET ADDRESS 1450 BRICKELL BAY DR., #1901  
CITY-ST-ZIP MIAMI, FL 33131

TITLE V  
NAME UGALDE ROMAN, CARLOS  
STREET ADDRESS 15476 NW 77 CT #407  
CITY-ST-ZIP MIAMI, FL

TITLE S  
NAME UGALDE ROMAN, CARMEN RITA  
STREET ADDRESS 15476 NW 77 CT #407  
CITY-ST-ZIP MIAMI, FL

TITLE T  
NAME UGALDE, CARMEN RITA  
STREET ADDRESS 1450 BRICKELL BAY DR., #1901  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Carlos Ugalde CARLOS UGALDE Mar 10/04 786-777-7371