

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 17, 2005 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**



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-listing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

1100000233283
02/17/05-80036-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

2/7/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #