2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 18, 2004 8:00 am Secretary of State DOCUMENT # P96000079740 03-18-2004 90015 041 ***150.00 DELCO SERVICE, CORP. 11 - 34 · 12 · 13 7. Principal Place of Business Mailing Address DELCO-SEW C DELCO SEW C 8481 SW 36 ST 8481 SW 36 ST MIAMI, FL 33155 MIAMI, FL 33155 Principal Place of Business DELCO SERVICE CORP DELOS SERVICE CONF Suite, Apt. #, etc Suite, Apt. #, etc. 03012004 Cha-P CR2E034 (10/03) 4. FEI Number Applied For 65-0696011 Not Applicable 33/<u>5</u>3 Country \$8.75 Additional 5. Certificate of Status Desired П USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8481 SW 36 STREET MIAMI, FL 33174 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 age (NOTE: Registered Agent signature required when reinstating) Signature, typed or of 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Colado, Humberto P. 8481 SW 36th Street COLADO, HUMBERTO P NAME NAME 0520 SW 8TH STREET STE-116 STREET ADDRESS STREET ADDRESS MiAMI, FL 33155 CITY-ST-ZIP MIAMI, FL-33174 CITY-ST-ZIP VSD ☑ Change TITLE ☐ Delete TITLE VSD Colado, Rosa Rio ■ Addition COLADO, ROSARIO NAME NAME 8481 SW 36th Street Miami, RL 33155 9520 SW 8TH STREET STE 116 STREET ADDRESS STREET ADDRESS MIAMI, FL 33174 CITY_ST. 7IP CITY-ST-7IP ☐ Delete THE Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP tine. - Delete JULE- > Change ____ Addition_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIU F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 mane appears in Block 10 or Block 11 if changed, or on an attachment with an addless, with all other like ampowered.

GNING OF FISER OR DIRECTOR

FILED

Daytime Phone #