

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90057 038 ***150.00

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1. Entity Name
DELL CHEMICAL CO.



Principal Place of Business

**11182 BOCA WOODS LN.
BOCA RATON, FL 33428**

Mailing Address

**P.O. BOX 81136 971136
BOCA RATON, FL 33481 33497**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
22-3202034

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOMBARDI, JOSEPH
11182 BOCA WOODS LN.
BOCA RATON, FL 33428**

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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

Joseph Lombardi

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

(NOTE: Registered Agent signature required when reinstating)

1/4/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOMBARDI, JOSEPH
STREET ADDRESS	11182 BOCA WOODS LN.
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	VP
NAME	DEONAH BARBARA Lombardi, Barbara
STREET ADDRESS	11007 BOCA WOODS LN.
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	S
NAME	ROMANO, JOSEPH
STREET ADDRESS	11182 BOCA WOODS LN.
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Joseph Lombardi **JOSEPH LOMBARDI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/07 **561-487-4950**

Daytime Phone #