

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90033 037 ***158.75

DOCUMENT # P988000030232
1. Entity Name DELMAR KAI, INC.



DO NOT WRITE IN THIS SPACE

94036364

2. Principal Place of Business W.P.B., FLA., 33411
Suite, Apt. #, etc.

3. Mailing Address 1312 PALMDALE CT.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State WEST PALM BCH City & State WEST PALM BCH, FLORIDA 4. FEI Number 58-2383119 Applied For Not Applicable

Zip 33411 Country USA Zip 33411 Country USA 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name AMERILAWYER SPEIGEL & UTRERA, P.A.
Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVE.
City CORAL GABLES FL Zip Code 33134

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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	<u>PRESIDENT JACK L. CLOE 1312 PALMDALE CT. WEST PALM BCH, FLA., 33411</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT PEGGY J. CLOE 1312 PALMDALE CT. W.P.B., FLA., 33411</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY JACK CLOE 1312 PALMDALE CT W.P.B. FL 33411</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER PEGGY CLOE 1312 PALMDALE CT. W.P.B., FLA., 33411</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Peggy Cloe Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04 5617230002
Date Daytime Phone #

CR2E034B (12/02)