

**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 <u>W.P.B., FLA., 33411</u>		3. Mailing Address <u>1312 PALMDALE CT.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>WEST PALM BCH</u>		City & State <u>WEST PALM BCH, FLORIDA</u>	
Zip <u>33411</u>	Country <u>USA</u>	Zip <u>33411</u>	Country <u>USA</u>

4. FEI Number <u>58-2383119</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name AMERICA LAWYER 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>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</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>JACK L. CLOE</u> <u>1312 PALMDALE CT.</u> <u>WEST PALM BCH, FLA., 33411</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT</u> <u>PEGGY J. CLOE</u> <u>1312 PALMDALE CT.</u> <u>W.P.B., FLA., 33411</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY</u> <u>JACK CLOE</u> <u>1312 PALMDALE CT</u> <u>W.P.B. FL 33411</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER</u> <u>PEGGY CLOE</u> <u>1312 PALMDALE CT.</u> <u>W.P.B., FLA., 33411</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 3-15-04 5617230002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)