

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000029398

Entity Name: DEL AMERICAN, INC.

FILED
Apr 25, 2003
Secretary of State

Current Principal Place of Business:

474 S. NORTH LAKE BLVD.
SUITE 1020
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

474 S. NORTH LAKE BLVD.
SUITE 1020
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3572063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURAI WALD BLONDOS & MORENO P.A.
25 SE 2 AVE #900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: DELGUIDICE, CHRISTOPHER
Address: 474 S. NORTH LAKE BLVD. SUITE 1020
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: HAMILTON, SCOT VP
Address: 474 S. NORTH LAKE BLVD. SUITE 1020
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP () Change (X) Addition
Name: SILVESTRI, GUSTAVO VP
Address: 474 S. NORTH LAKE BLVD. SUITE 1020
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP () Change (X) Addition
Name: FUDA, JOSEPH VP
Address: 474 S. NORTH LAKE BLVD. SUITE 1020
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP () Change (X) Addition
Name: KAFKA, DONALD VP
Address: 474 S. NORTH LAKE BLVD. SUITE 1020
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER DELGUIDICE

P/D

04/25/2003

Electronic Signature of Signing Officer or Director

Date