


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000082161
1. Entity Name
DELCO PAINTING & TEXTURING SERVICES, INC.



Principal Place of Business: **1750 DONNA ROAD
UNIT 13
WEST PALM BEACH, FL 33409**
Mailing Address: **1750 DONNA ROAD
UNIT 13
WEST PALM BEACH, FL 33409**

DO NOT WRITE IN THIS SPACE


 02162004 No Chg-P CR2E034 (10/03)
 4. FEI Number: **65-0948140** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**
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	PD DELGADO, OSCAR E 217 PARKWOOD DR S ROYAL PALM BEACH, FL 33411
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Oscar Delgado* **Oscar Delgado** *02-16-04* *561-436-4311*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #