

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18112

**Entity Name:** DELRADO, INC.

**Current Principal Place of Business:**

1470 SOUTH OCEAN BOULEVARD  
POMPANO BEACH, FL 33062-7334

**Current Mailing Address:**

1470 SOUTH OCEAN BOULEVARD  
POMPANO BEACH, FL 33062-7334

**FEI Number:** 59-0801364

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PAUL WELLER  
1470 SOUTH OCEAN BLVD  
601  
POMPANO BEACH, FL 33062 US

*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

**Officer/Director Detail :**

Title DT  
Name POLCARI, RICHARD  
Address 1470 S OCEAN BLVD #702  
City-State-Zip: POMPAN0 BEACH FL 33062

Title DP  
Name WELLER, PAUL  
Address 1470 SOUTH OCEAN BLVD #601  
City-State-Zip: POMPAN0 BEACH FL 33062

Title VPD  
Name FINCH, MICHAEL  
Address 1470 SOUTH OCEAN BLVD #704  
City-State-Zip: POMPAN0 BEACH FL 33062

Title DS  
Name HANSEN, JUDY  
Address 1470 SOUTH OCEAN BLVD, #1201  
City-State-Zip: POMPAN0 BEACH FL 33062

Title D  
Name PIGATO, MARY  
Address 1470 SOUTH OCEAN BLVD. #504  
City-State-Zip: POMPAN0 BEACH FL 33062

Title D  
Name STRONG, KEN  
Address 1470 SOUTH OCEAN BLVD #803  
City-State-Zip: POMPAN0 BEACH FL 33062

*I hereby 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 all other like empowered.*

**SIGNATURE:** PAUL WELLER

**PRESIDENT**

**02/04/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date