


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000036938**  
 1. Entity Name  
**DEL REY PROPERTIES GROUP, INC.**



Principal Place of Business      Mailing Address  
**11322 NW 65TH ST.**      **11322 NW 65TH ST.**  
**MIAMI FL 33178**      **MIAMI FL 33178**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)

6. Name and Address of Current Registered Agent  
**DEL REY, OSWALDO**  
**11322 NW 65TH ST.**  
**MIAMI FL 33178**

4. FEI Number      Applied For / Not Applied  
**65-1095815**  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees  
 Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL REY, OSWALDO 11322 NW 65TH ST. MIAMI FL 33178	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEL REY, OLGA 11322 NW 65TH ST. MIAMI FL 33178	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARABALLO, ALINA 11322 NW 65TH ST. MIAMI FL 33178	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL REY GIMBEL, OLGA M 11322 NW 65TH ST. MIAMI FL 33178	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000517284 05/01/06-80037-017 150.00	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *[Signature]*      D. prout      4/14/06      305-978 0493  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #