


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90020 011 \*\*\*150.00

DOCUMENT # P07000118748			
1. Entity Name MI DELIRIO CORPORATION			
Principal Place of Business 3000 RIVERSIDE DRIVE UNIT 301 CORAL SPRINGS, FL 33065		Mailing Address 3000 RIVERSIDE DRIVE UNIT 301 CORAL SPRINGS, FL 33065	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>3558 N. University Dr.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Coral Springs, Florida</i>	
Zip	Country	Zip	Country
<i>33065</i>		<i>33065</i>	<i>USA</i>
4. FEI Number		Applied For	
<i>26-1334239</i>		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CST BUSINESS & FINANCIAL SERVICES 1500 N. UNIVERSITY DRIVE SUITE 275 CORAL SPRINGS, FL 33071		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALSA, GERMAN J	NAME	<i>OP BALSA, GERMAN J.</i>
STREET ADDRESS	3000 RIVERSIDE DRIVE #301	STREET ADDRESS	<i>3000 Riverside Dr #301</i>
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP	<i>CORAL SPRINGS, FL 33065</i>
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CST ACCOUNTING & TAX SERVICES	NAME	<i>T CST ACCOUNTING &amp; TAX SERVICES</i>
STREET ADDRESS	1500 N. UNIVERSITY DRIVE #275	STREET ADDRESS	<i>1500 N. University Drive #275</i>
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	<i>CORAL SPRINGS, FL 33071</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Carmon J. Romo-Leyda Owner CST Accounting &amp; Tax Services</i>		Date: <i>3/14/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>654-523-2194</i>	

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