

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90025 041 ***158.75

DOCUMENT # P02000034641

1. Entity Name

DLV PRESS CORP.



Principal Place of Business

6941 CARLYLE AVE.
UNIT 405
MIAMI BEACH FL 33141

Mailing Address

6941 CARLYLE AVE.
UNIT 405
MIAMI BEACH FL 33141

2. Principal Place of Business

6039 Collins Ave.

3. Mailing Address

6039 Collins Ave.

Suite, Apt. #, etc.

Apt 1634

Suite, Apt. #, etc.

Apt 1634

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33140

Country

Zip

33140

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

01-0700831

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARGAS, DORA LUZ
6039 COLLINS AVE.
APT. 1634
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

VARGAS DORA LUZ

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME VARGAS, DORA LUZ
STREET ADDRESS 6039 COLLINS AVE., APT #1634
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE DS ☐ Delete
NAME VARGAS, LUISA
STREET ADDRESS 6941 CARLYLE AVE #405
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE DT ☐ Delete
NAME VARGAS, HERNANDO
STREET ADDRESS 6039 COLLINS AVE #1634
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☒ Addition
NAME VARGAS, DORA LUZ
STREET ADDRESS 6039 Collins Ave. Apt #1634
CITY-ST-ZIP Miami Beach, FL 33140

TITLE ☒ Change ☒ Addition
NAME VARGAS LUISA
STREET ADDRESS 6039 Collins Ave, Apt. 1634
CITY-ST-ZIP Miami Beach, FL 33140

TITLE ☒ Change ☒ Addition
NAME VARGAS HERNANDO
STREET ADDRESS 6039 Collins Ave. Apt. 1634
CITY-ST-ZIP Miami Beach, FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

DORA LUZ VARGAS

Date

3-10-05 (305) 8664617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #