

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # K22407

1. Entity Name
DELTA PLUS MANAGEMENT SERVICES, INC.



Principal Place of Business

**815 N. W. 57TH AVE.
STE 145
MIAMI, FL 33126**

Mailing Address

**815 N. W. 57TH AVE.
STE 145
MIAMI, FL 33126**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0049865** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, DELFIN J.
1031 MATANZAS AVE.
CORAL GABLES, FL 33146**

**DO NOT WRITE
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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DIAZ, DELFIN J.
STREET ADDRESS	1031 MATANZAS AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VD
NAME	DIAZ, ESPERANZA P.
STREET ADDRESS	1031 MATANZAS AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	SD
NAME	DIAZ, CHRISTINA M.
STREET ADDRESS	1030 MATANZAS AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	TD
NAME	DIAZ, HOPE M
STREET ADDRESS	1031 MATANZAS AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000410283
02/09/06-80031-001 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **DELFIN J. DIAZ**
Date **1/27/2006** 305 264 4212 EXT 702
Daytime Phone #