


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 413599 1. Entity Name DELPHI INVESTMENT CORPORATION	
--	---

Principal Place of Business 6353 BIRD ROAD P. O. BOX 7637 MIAMI, FL 33155-4825	Mailing Address 6353 BIRD ROAD P. O. BOX 7637 MIAMI, FL 33155-4825
--	--

DO NOT WRITE IN THIS SPACE



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1496728	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROUNDS, WENDY SUE 5280 SW 69TH PL. MIAMI, FL 33155	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000106096 04/08/04-80001-025 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BERGMAN, IRVING 5280 SW 69 PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST WEIGANT, STACY ANN 5280 S.W. 69 PL. MIAMI, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V BERGMAN, JUNE 5280 SW 69 PL MIAMI, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Irving Bergman* **4/1/04** **305 662 6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #