


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 854499</b> 1. Entity Name <b>DELFA DEVELOPMENT N.V.</b>	
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Principal Place of Business <b>C/O J. LINDSAY BUILDER, JR. 369 N NEW YORK AVE, 3RD FLOOR WINTER PARK, FL 32789 US</b>	Mailing Address <b>150 E 4TH ST SUITE 400 CINCINNATI, OH 45202 US</b>
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07022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-1273342</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BUILDER, J. LINDSAY J 369 NO NEW YORK AVE. 3RD FLOOR WINTER PARK, FL 32789</b>
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**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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMAWI, ANWAR 17 RUE DE LA CROIX D'OR 5TH FL GENEVA, SW
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASSAN, KHALED H 4TH CIRCLE JABAL AMMAN AMMAN, JORDAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURACAO CORP COMPANY,NV DE RUYTERKADE 62 CURACAO, N.A.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMAWI, ABDEL 10132 LONGFORD DR KNOXVILLE, TN 37922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/06/04-80005-024 550.00

**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)(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: Abdel Samawi Abdel Samawi 7/2/04 (513)621-2120  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #