## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 21, 2008 8:00 am Secretary of State

03-21-2008 90015 030 \*\*\*150 00

DOCUMENT # F05000006219  1. Entity Name DELTA ELEVATOR HOLDINGS CORPORATION				03-21-2008 90015 030 ****150.00		
Principal Place of Business Mailing Address 767 FIFTH AVENUE, 48TH FLOOR 767 FIFTH AVENUE, 4 NEW YORK, NY 10153 NEW YORK, NY 10153			70030330	,		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03102008 Chg-P CR2E034 (12/06)		
City & State		City & State		4. FEI Number Applied Fo 20-3662038 Not Applied		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent		
CTCOPP	ORATION SYSTEM		Name			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
			Cily	<b>□</b> Zip Code		
				<u> </u>		
	named entity submits this statement li tions of registered agent.	for the purpose of changing ill	s registered office or reg	pistered agent, or both, in the Stale of Florida. I am familiar with, and acc	epl	
SIGNATURE	Signature, typed or printed name of registered agen	no no litte if applicable (NO	TF: Registered Agent signature n	quired when renatating) DAFF		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550. OFFICERS AND	.00 Trust Fund Con		\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or baseless 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/08 40 Date Da

Daylima Phone #