2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 25, 2005 08:00 AM Secretary of State DOCUMENT # G39884 1. Entity Name DEL REY INTERNATIONAL, INC. Principal Place of Business Mailing Address 1985 S OCEAN DR 3900 NW 79 AVE SUITE 640 MIAMI FL 33166 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-2715626 Not Applicable Zıp Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEL REY, WALDO Street Address (P.O. Box Number is Not Acceptable) 1985 S OCEAN DRIVE APT 16N HALLANDALE FL 33009 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, typeo or printed name of registered agent and life if applicable (NOTE: Registered Agent signature reduced when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition MILE ☐ Delete TITLE DEL REY, WALDO NAME NAME 5061 S.W. 141ST AVENUE STREET ADDRESS STREET ADDRESS CHY-ST ZIP CITY - ST - ZIP MIAMI FL VSD Change ☐ Addition IsTa F ☐ Defete iiILi U00000329493 NAME DEL REY, ALICIA NAME 04/25/05-80120-002 150.00 STREET ADDRESS 5061 S.W. 141ST AVENUE STREET ADDRESS CITY-ST-ZP CITY-ST ZIP MIAMI FL ☐ Detete ☐ Change ☐ Addition TILLE THE MAAZE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP CITY ST-21P ☐ Change Addition THILE THILE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZP Change ☐ Addition THILE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS UTY-ST-ZIP CITY-ST-ZIP ☐ Detete hHEChange Addition THLE NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHY SL ZIP 12. I hereby certify that the information supplied with this filling 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 of 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.

Waldo Del Rey

SIGNATURE:

FILED

122/05 (30) 191-1550