


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # H90679
 1. Entity Name
 DEL MAR CORPORATION



Principal Place of Business Mailing Address
 1230 E 4TH AVE P.O. BOX 821515
 HIALEAH, FL 33010 US SOUTH FLORIDA, FL 33082 US

DO NOT WRITE IN THIS SPACE



02282005 No Chg-P CR2E034 (10/03)
 4. FEI Number 59-2609936 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MORLANNE, JESSE E.
 1230 E. 4 AVE.
 SUITE I
 HIALEAH, FL 33010

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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, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 1100000255607
 03/08/05-80021-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORLANNE, JESSE E.
STREET ADDRESS	1230 E 4TH AVE
CITY-ST-ZIP	HIALEAN, FL
TITLE	SD
NAME	MORLANNE, CARMEN M
STREET ADDRESS	1230 E 4TH AVE
CITY-ST-ZIP	HIALEAH, FL
TITLE	VD
NAME	MORLANNE, ALEXANDER
STREET ADDRESS	1230 EAST 4TH AVE.
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	VD
NAME	MORLANNE, JENNIFER C
STREET ADDRESS	1230 EAST 4TH AVE.
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jesse Morlanne JESSE MORLANNE 3/8/05 954-89-3790
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #