


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # K22407
1. Entity Name
DELTA PLUS MANAGEMENT SERVICES, INC.



Principal Place of Business 815 N. W. 57TH AVE. STE 145 MIAMI, FL 33126	Mailing Address 815 N. W. 57TH AVE. STE 145 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0049865	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, DELFIN J.
1031 MATANZAS AVE.
CORAL GABLES, FL 33146

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000093773
03/31/04-80019-022 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DIAZ, DELFIN J. 1031 MATANZAS AVE. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DIAZ, ESPERANZA P. 1031 MATANZAS AVE. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DIAZ, CHRISTINA M. 1030 MATANZAS AVE. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DIAZ, HOPE M 1031 MATANZAS AVE. CORAL GABLES, FL 33146
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)(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: Delfin J. Diaz **3/29/2004** **305 264 4212**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #