


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # K22407 1. Entity Name DELTA PLUS MANAGEMENT SERVICES, INC.	
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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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01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable

**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

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	

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01/21/05-80055-014 158.75

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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)(f), 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* 01/15/05 (305) 264-4212
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #