2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 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

01052006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0049865
Applied For
Not Applicable

5. Certificate of Status Desired X **$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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DIAZ, DELFIN J.
STREET ADDRESS	1031 MATANZAS AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VD
NAME	DIAZ, ESPERANZA P.
STREET ADDRESS	1031 MATANZAS AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	SD
NAME	DIAZ, CHRISTINA M.
STREET ADDRESS	1030 MATANZAS AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	TD
NAME	DIAZ, HOPE M
STREET ADDRESS	1031 MATANZAS AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/06-80031-001 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1/27/2006 305 264 4212 Ext 202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #