## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K77125

FILED Apr 15, 2005 Secretary of State

Entity Name: DELTA PAINTING CONTRACTOR INC.

Current Principal Place of Business:		ce of Business:	New Principal Place of Business:	
561 W 65 HIALEAH,	DR. FL 33012	US		
Current N	lailing Addr	ess:	New Mailing Address	s:
561 W 65 HIALEAH,	DR. FL 33012	US		
El Number	: 65-0110075	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
	, FRANCISC TH DRIVE			
The above		US y submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
The above	e named entit e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
The above n the Stat	e named entit e of Florida. RE:			ed office or registered agent, or both,  Date
The above n the Stat	e named entit e of Florida. RE:Electr	y submits this statement for the p		
The above n the Stat BIGNATU	e named entit e of Florida. RE:Electr	y submits this statement for the position onic Signature of Registered Againg Trust Fund Contribution ( ).	ent	
The above n the State SIGNATU  Election Car  OFFICER  Title:  Name:  Address:	e named entite of Florida.  RE: Electr mpaign Finance S AND DIRE	y submits this statement for the property onic Signature of Registered Againg Trust Fund Contribution ( ).  CTORS:  ( ) Delete	ent	Date
The above n the Stat BIGNATU	e named entit e of Florida. RE:Electr mpaign Financ S AND DIRE VPDS ALVAREZ, AI 561 W 65 DF HIALEAH, FL	y submits this statement for the property onic Signature of Registered Againg Trust Fund Contribution ( ).  CCTORS: ( ) Delete   DA   R   R   R   R   R   R   R   R   R	ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AIDA ALVAREZ VPD 04/15/2005