

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026385

FILED
Mar 01, 2007
Secretary of State

Entity Name: DELTA ALPHA SIGMA ENTERPRISES, LLC

Current Principal Place of Business:

403 W. SITKA STREET
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

403 W. SITKA STREET
TAMPA, FL 33604

New Mailing Address:

FEI Number: 20-4430011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANSKY & COURTNEY, P.L.
137 S. PARSONS AVE.
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOUTAFIS, DIMITRIOS
Address: 403 W. SITKA STREET
City-St-Zip: TAMPA, FL 33604

Title: MGRM () Delete
Name: MOUTAFIS, ANNA
Address: 403 W. SITKA STREET
City-St-Zip: TAMPA, FL 33604

Title: MGRM () Delete
Name: MOUTAFIS, SOPHIA
Address: 403 W. SITKA STREET
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DIMITRIOS MOUTAFIS

MGRM

03/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date