


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 MAR -5 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M28831 1. Entity Name DLF CONSTRUCTION CORPORATION	
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Principal Place of Business 12425 S.W. 200 TERR. MIAMI, FL 33177	Mailing Address P.O. BOX 570192 MIAMI, FL 33257-0192 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03012007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2646600	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REBOLLO, ROSA N 17001 SW 92 CT. MIAMI, FL 33157	7. Name and Address of New Registered Agent Name <i>Rosa N. Rebollo</i> Street Address (P.O. Box Number is Not Acceptable) <i>12425 SW 200 TERR</i> City <i>MIAMI</i> FL Zip Code <i>33177</i>
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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: *Rosa N. Rebollo* DATE: _____

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	800091533568 03/07/07--01004--013 **61.25
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST REBOLLO, SERGIO <input type="checkbox"/> Delete	TITLE	<i>DPS</i> Rebollo, Sergio <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12425 S.W. 200 TERR.	STREET ADDRESS	<i>12425 SW 200 TERR</i>
CITY-ST-ZIP	MIAMI, FL 33177	CITY-ST-ZIP	<i>MIAMI, FL 33177</i>
TITLE	DVP REBOLLO, ROSA N <input type="checkbox"/> Delete	TITLE	<i>D</i> Rebollo, Rosa N. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12425 S.W. 200 TERR.	STREET ADDRESS	<i>12425 SW 200 TERR</i>
CITY-ST-ZIP	MIAMI, FL 33177	CITY-ST-ZIP	<i>MIAMI FL 33177</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<i>DVPT</i> Rebollo, Reinaldo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<i>4880 SW 4 ST</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>MIAMI FL 33134</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Rosa N. Rebollo* Date: *03-01-07* Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/6