

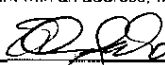


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90162 021 \*\*\*150.00

|  |  |   |  |  |          |
|--|--|---|--|--|----------|
| <b>DOCUMENT # M67123</b> ✓   |  |   |  |   |          |
| <b>1. Entity Name</b><br>DEL REYES INVESTMENTS, INC.   |  |   |  |  |          |
| <b>Principal Place of Business</b><br>1632 N COUNTY RD 427<br>LONGWOOD, FL 32750 US  |  |   | <b>Mailing Address</b><br>1632 N COUNTY RD 427<br>LONGWOOD, FL 32750 US    |  |          |
| <b>2. Principal Place of Business</b><br>1632 N. Ronald Reagan Blvd.<br>Suite, Apt. #, etc.  |  | <b>3. Mailing Address</b><br>1632 N. Ronald Reagan Blvd.<br>Suite, Apt. #, etc.   |  |    |          |
| <b>City &amp; State</b>  |  | <b>City &amp; State</b>   |  | <b>4. FEI Number</b><br>59-2881001 ✓   |          |
| <b>Zip</b>   |  | <b>Country</b>  |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |          |
| <b>6. Name and Address of Current Registered Agent</b><br>PARK AVENUE LEASING & MANAGEMENT, INC.<br>1632 N COUNTY RD 427<br>LONGWOOD, FL 32750   |  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>1632 N. Ronald Reagan Blvd.<br>City <b>FL</b> Zip Code |          |
| <b>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.</b><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |  |  |          |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |          |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>               |  |          |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>P</b><br>DELGADO, JAIME<br>1632 N COUNTY RD 427<br>LONGWOOD, FL     | <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | 1632 N. Ronald Reagan Blvd.<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |          |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>VP</b><br>DELGADO, DAVID C.<br>1632 N COUNTY RD 427<br>LONGWOOD, FL | <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |          |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>T</b><br>MAYNE, EDITH<br>1632 N COUNTY RD 427<br>LONGWOOD, FL       | <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |          |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |  | <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |          |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |  | <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |          |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |  | <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |          |
| <b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b> |  |   |  |  |          |
| <b>SIGNATURE:</b>   |  | David C. Delgado  |  | 4/26/04  | 834-4000 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | <small>Date</small>   |  | <small>Daytime Phone #</small>   |          |