

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009303

FILED
Apr 29, 2008
Secretary of State

Entity Name: DELAI, INC.

Current Principal Place of Business:

619 E SHERIDAN ST
#404
DANIA, FL 33004 US

New Principal Place of Business:

Current Mailing Address:

619 E SHERIDAN ST
#404
DANIA, FL 33004 US

New Mailing Address:

FEI Number: 20-2510798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLINS, SHEILA
830 FLEMING ST.
KEY WEST, FL 33040 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MULLINS, SHEILA
Address: 830 FLEMING ST.
City-St-Zip: KEY WEST, FL 33040

Title: DS () Delete
Name: SKOCZYLAS, ELEHIE
Address: 925 25TH ST. NW #717
City-St-Zip: WASHINGTON, DC 20037

Title: DT () Delete
Name: YACINTHE, N. JASMINE
Address: 1860 SW 133RD AVE.
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA REICHERT-CUFFE

MRS.

04/29/2008

Electronic Signature of Signing Officer or Director

Date