


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90032 002 \*\*\*150.00

<b>DOCUMENT # P00000033530</b> 1. Entity Name <b>DELMAC ENTERPRISES, INC.</b>					
Principal Place of Business <b>782 NW LEJEUNE ROAD SUITE 548 MIAMI, FL 33126</b>			Mailing Address <b>782 NW LEJEUNE ROAD SUITE 548 MIAMI, FL 33126</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03302004    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>65-1008292</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARQUEZ, JOSE M ESQ 782 NW LEJEUNE ROAD SUITE 548 MIAMI, FL 33126</b>			Name Street Address (P.O. Box Number is Not Acceptable) <b>Law Offices of Marquez &amp; Marcelo Robaina, P.A.</b> City <b>LeJeune Center, Suite 548</b> <b>FL</b> Zip Code <b>782 N.W. LeJeune Road</b> <b>Miami, Florida 33126</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. SIGNATURE: <u><i>Jose Marquez</i></u> (NOTE: Registered Agent signature required when reinstating)    DATE: <u>4/01/04</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ACOSTA, HUGO 13020 MAR STREET CORAL GABLES, FL 33156</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MEDINA, DELIO I 4290 SW 154TH PLACE MIAMI, FL 33185</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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>SIGNATURE:</b> <u><i>Delio Medina</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>03/30/04</u> (305) 681-1880 Date    Daytime Phone #		