# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 27, 2009**
**Secretary of State**

DOCUMENT# P00000033530

**Entity Name:** DELMAC ENTERPRISES, INC.

**Current Principal Place of Business:**

12805 NW 42 AVE
OPA LOCKA, FL 33054

**New Principal Place of Business:**

12805 NW 42 AVE
OPA LOCKA, FL 33054 US

**Current Mailing Address:**

2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES, FL 33134

**New Mailing Address:**

2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES, FL 33134 US

**FEI Number: 65-1008292** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PRATS FERNANDEZ & CO PA
2121 PONCE DE LOEN BLVD
STE 240
CORAL GABLES, FL 33134 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete
Name: ACOSTA, HUGO
Address: 14960 EGAN LANE
City-St-Zip: MIAMI LAKES, FL 33014

Title: PD ( ) Delete
Name: MEDINA, DELIO I
Address: 600 NORTH ISLAND
City-St-Zip: GOLDEN BEACH, FL 33160

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition
Name: ACOSTA, HUGO
Address: 14960 EGAN LANE
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: PD (X) Change ( ) Addition
Name: MEDINA, DELIO I
Address: 600 NORTH ISLAND
City-St-Zip: GOLDEN BEACH, FL 33160 US

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

SIGNATURE: HUGO ACOSTA SD 03/27/2009

Electronic Signature of Signing Officer or Director — Date