
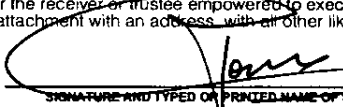


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90349 034 ***150.00

DOCUMENT # P00000074118 1. Entity Name DLFA, INC.					
Principal Place of Business 605 LINCOLN ROAD 5TH FLOOR MIAMI BEACH, FL 33139			Mailing Address 605 LINCOLN ROAD 5TH FLOOR MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02142008 Chg-P CR2E034 (12/06)	
4. FEI Number 65-1031909				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 LAZAR, BRUCE E 605 LINCOLN ROAD 5TH FLOOR MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOWENSTEIN, DIANA <input type="checkbox"/> Delete VIA GUIDNIO SVP. 13 STABILE 701 APT 301-6 LUGANO, TICINO, SW 6900		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOWENSTEIN, DIANA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SALITA CARLO BOSSOLI 3-APT 6 LUGANO, TICINO 6900 SWITZERLAND	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V LOWENSTEIN, DIEGO <input type="checkbox"/> Delete 605 LINCOLN ROAD - 5TH FLOOR MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LOWENSTEIN-BOANO, PAULA <input type="checkbox"/> Delete 605 LINCOLN ROAD - 5TH FLOOR MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V LOWENSTEIN-ELORTEGUI, FLAVIA <input type="checkbox"/> Delete 605 LINCOLN ROAD - 5TH FLOOR MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V LOWENSTEIN, CARLA <input type="checkbox"/> Delete 605 LINCOLN ROAD - 5TH FLOOR MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MATHIA, JUDITH L <input type="checkbox"/> Delete 605 LINCOLN ROAD - 5TH FLOOR MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			FLAVIA LOWENSTEIN-ELORTEGUI V.P.		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/23/08 Daytime Phone # 3055321215		