## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 18, 2008 08:00 A Secretary of State **DOCUMENT # P00000074785** 1. Entity Name DELSAT GROUP, INC. Principal Place of Business Mailing Address 11877 SW 38 TERR 11877 SW 38 TERR MIAMI, FL 33175 MIAMI, FL 33175 DO NOT WRITE IN THIS SPACE 02282008 CR2E034 (11/05) Applied For 4. FEI Number 65-1030362 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required DO NOT WRITE 6. Name and Address of Current Registered Agent BENITEZ, ALICIA CPA 11877 SW 38 TERR IN THIS SPACE **MIAMI, FL 33175** 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CAPIRONE, JORGE E NAME STREET ADDRESS 11877 SW 38 TERR MIAMI, FL 33175 CITY-ST-ZIP HILE STREET ADDRESS CATY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADORESS CITY-ST-ZIP

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.

20/2006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **FILED**