

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000016643

FILED
Feb 26, 2004
Secretary of State

Entity Name: DOLPHIN BELEN ESTATES, INC.

Current Principal Place of Business:

1801 CORALWAY 403
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1801 CORALWAY 403
MIAMI, FL 33145

New Mailing Address:

FEI Number: 65-1085032 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTUONDO, FERNANDO J ESQ.
2121 PONCE DE LEON BLVD
SUITE 600
CORAL GABLE, FL 33134

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: PD () Delete
Name: ISAAC, JAIRO
Address: 1801 CORAL WAY SUTIE 403
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: ISAAC, ALVARO
Address: 1801 CORAL WAY SUITE 403
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: MANOTAS, DAVID
Address: 1801 CORAL WAY SUITE 403
City-St-Zip: MIAMI, FL 33145

Title: VD () Delete
Name: ALARCON, ALVARO
Address: 1801 CORAL WAY SUITE 403
City-St-Zip: MIAMI, FL 33145

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAIRO ISAAC

PD

02/26/2004

Electronic Signature of Signing Officer or Director

_____ Date