2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State
03-15-2005 90025 041 ***158.75

DOCUMENT # P02000034641

1. Entity Name
DLV PRESS CORP.

Principal Place of Business	Mailing Address
6941 CARLYLE AVE. UNIT 405 MIAMI BEACH FL 33141	6941 CARLYLE AVE. UNIT 405 MIAMI BEACH FL 33141

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
6039 Collins Ave.	6039 Collins Ave.
Suite, Apt. #, etc. Apto 1634	Suite, Apt. #, etc. Apto 1634
City & State Miami Beach, FL.	City & State Miami Beach, FL.
Zip 33140 Country	Zip 33140 Country

4. FEI Number 01-0700831 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VARGAS, DORA L uz
6039 COLLINS AVE.
APT. 1634
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name: VARGAS DORALUZ
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP VARGAS, DORA L uz 6039 COLLINS AVE., APT #1634 MIAMI BEACH FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VARGAS, DORALUZ 6039 Collins Ave. Apt #1634 Miami Beach, Fl. 33140	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS VARGAS, LUISA 6941 CARLYLE AVE #405 MIAMI BEACH FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VARGAS Luisa 6039 Collins Ave, Apt. 1634 Miami Beach, Fl. 33140	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT VARGAS, HERNANDO 6029 COLLINS AVE #1634 MIAMI BEACH FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VARGAS Hernando 6039 Collins Ave. Apt. 1634 Miami Beach, Fl. 33140	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: [signature] DORALUZ VARGAS 3-10-05 (305)8664617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #