

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000034641

Entity Name: DLV PRESS CORP.

FILED
Jun 17, 2007
Secretary of State

Current Principal Place of Business:

6039 COLLINS AVE
APT 1634
MIAMI BEACH, FL 33140

Current Mailing Address:

6039 COLLINS AVE
APT 1634
MIAMI BEACH, FL 33140

New Principal Place of Business:

290 174 STREET
APT 1005
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

290 174 STREET
APT 1005
SUNNY ISLES BEACH, FL 33160

FEI Number: 01-0700831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VARGAS, DORALUZ
6039 COLLINS AVE.
APT. 1634
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

VARGAS, DORALUZ
290 174 STREET
APT 1005
SUNNY ISLES BEACH, FL 33160 US

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: DORALUZ VARGAS

06/17/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: VARGAS, DORALUZ
Address: 6039 COLLINS AVE., APT #1634
City-St-Zip: MIAMI BEACH, FL 33140

Title: DS () Delete
Name: VARGAS, LUISA
Address: 6039 COLINS AVE, APT 1634
City-St-Zip: MIAMI BEACH, FL 33140

Title: DT () Delete
Name: VARGAS, HERNANDO
Address: 6039 COLLINS AVE, APT 1634
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: VARGAS, DORALUZ
Address: 290 174 STREET, APT 1005
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: DS (X) Change () Addition
Name: VARGAS, LUISA
Address: 290 174 STREET, APT 1005
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: DT (X) Change () Addition
Name: VARGAS, HERNANDO
Address: 290 174 STREET, APT 1005
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: DORALUZ VARGAS

D.P.

06/17/2007

Electronic Signature of Signing Officer or Director

Date