

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034641

FILED
Jan 16, 2008
Secretary of State

Entity Name: DLV PRESS CORP.

Current Principal Place of Business:

290 174 STREET
APT 1005
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

290 174 STREET
APT 1005
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

290 174 STREET
SUITE 1005
SUNNY ISLES BEACH, FL 33160 US

New Mailing Address:

290 174 STREET
SUITE 1005
SUNNY ISLES BEACH, FL 33160 US

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

Name and Address of New Registered Agent:

VARGAS, DORALUZ
290 174 STREET
SUITE 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

01/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

DP

01/16/2008

Electronic Signature of Signing Officer or Director

Date