FILED Feb 06, 2006 8:00 am Secretary of State 02-06-2006 90088 039 ***150.00

2006 FOR PROFIT CORPORATION

ANNUAL REPORT					
DOCUMENT # P02000076064 1. Entity Name DEL-GLAD HOLDINGS, INC.				40009186	
8465 S.W. 48	rincipal Place of Business Mailing Address 465 S.W. 48TH STREET 8465 S.W. 48TH STREET MIAMI, FL 38136 33/55 MIAMI, FL 38136 33/5		7		
DO NOT WRITE IN THIS SPAC			CE	01182006 No Chg-P CR2E034 (11/05) 4. FEI: Number Applied For 33-1020381 Not Applied 5. Certificate of Status Desired \$8.75 Additional Fee Required	For
	6. Name and Address of Current Re	gistered Agent			
RUBIO, DELIA 8465 S.W. 48TH STREET MIAMI, FL 33155 33155			DO NOT WRITE IN THIS SPACE		
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 protect name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					ccept
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees					
10.	OFFICERS AND DIF	RECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBIO, DELIA 8465 SW 48 STREET MIAMI, FL 33155				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, GLADYS 600 NE 36 STREET #221 MIAMI, FL 33137				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RUB 10 18/06 305-9230					