2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000085814

1. Entity Name
DL SERVICES, INC.

Principal Place of Business	Mailing Address
5619 SOUTH DIXIE HWY. WEST PALM BEACH, FL 33405	5619 SOUTH DIXIE HWY. WEST PALM BEACH, FL 33405

DO NOT WRITE IN THIS SPACE

04222004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
03-0478258	Not Applicable

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

6. Name and Address of Current Registered Agent

VEGA, DALILA
1421 OLIVE TREE CIRCLE
WEST PALM BEACH, FL 33413

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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, 2004 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000000129461
04/26/04-80078-024 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PDS
NAME	VEGA, DALILA
STREET ADDRESS	1421 OLIVE TREE CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33413

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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CITY-ST-ZIP	

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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.

(Sbl)

SIGNATURE: DALILA VEGA   04-22-04 493-4865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #