

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90013 046 ***150.00

DOCUMENT # P03000075189

1. Entity Name
D-DELTA MIAMI, CORP.



Principal Place of Business
**7238 NW 31ST STREET
MIAMI, FL 33122**

Mailing Address
**7238 NW 31ST STREET
MIAMI, FL 33122**

54037505

2. Principal Place of Business

D-DELTA MIAMI CORP

Suite, Apt. #, etc.

4491 NW 36ST STE. H

City & State

MIAMI, FL

Zip

33166

Country

US

3. Mailing Address

D-DELTA MIAMI CORP

Suite, Apt. #, etc.

4491 NW 36ST STE. H

City & State

MIAMI, FL

Zip

33166

Country

US

02132004

Chg-P

CR2E034 (10/03)

4. FEI Number

200081390

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75-Additional Fee Required

6. Name and Address of Current Registered Agent

**CHEN, HSI MING
7238 NW 31ST STREET
MIAMI, FL 33122**

7. Name and Address of New Registered Agent

Name

CHEN, HSI MING

Street Address (P.O. Box Number is Not Acceptable)

4491 NW 36 ST STE. H

City

MIAMI

FL

Zip Code

33166

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CHEN, HIS MING**
STREET ADDRESS **7238 NW 31ST STREET**
CITY-ST-ZIP **MIAMI, FL 33122**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **CHEN, HIS MING**
STREET ADDRESS **4491 NW 36 ST STE H**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #