

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90026 006 ***150.00

DOCUMENT # P03000075189			
1. Entity Name D-DELTA MIAMI, CORP.			
Principal Place of Business 9551 FONTAINEBLEAU BLVD. APT. 616 MIAMI, FL 33172		Mailing Address 9551 FONTAINEBLEAU BLVD. APT. 616 MIAMI, FL 33172	
2. Principal Place of Business - No P.O. Box # 9561 Fontainebleau Blvd. Suite, Apt. #, etc. # 515		3. Mailing Address 9561 Fontainebleau Blvd. Suite, Apt. #, etc. # 515	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33172 Country USA		Zip 33172 Country USA	
4. FEI Number 20-0081390		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHEN, HSI MING 9551 FONTAINEBLEAU BLVD. APT. 616 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name: CHEN, HSI MING Street Address (P.O. Box Number is Not Acceptable): 9561 Fontainebleau Blvd. # 515 City: MIAMI FL Zip Code: 33172	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: CHEN, HIS M STREET ADDRESS: 9551 FONTAINEBLEAU BLVD. # 616 CITY-ST-ZIP: MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE: P NAME: CHEN, HSI MING STREET ADDRESS: 9561 Fontainebleau Blvd. # 515 CITY-ST-ZIP: MIAMI, FL. 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Date: 1-9-8 (786) 942 5688	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	