

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000153954

1. Entity Name
DELFINO INVESTMENTS INC.



Principal Place of Business
**2745 E ATLANTIC BLVD
300
POMPANO BEACH, FL 33062**

Mailing Address
**2745 E ATLANTIC BLVD
300
POMPANO BEACH, FL 33062**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0695949

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TOMASSETTI, LOUIS D
2745 E ATLANTIC BLVD
300
POMPANO BEACH, FL 33062**

**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 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, 2005 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
NAME	TOMASSETTI, MARY
STREET ADDRESS	341 NE 26TH AVE
CITY - ST - ZIP	POMPANO BEACH, FL 33062
TITLE	SECT
NAME	TOMASSETTI, PETER
STREET ADDRESS	341 NE 26TH AVE
CITY - ST - ZIP	POMPANO BEACH, FL 33062
TITLE	TRES
NAME	TOMASSETTI, LOUIS D
STREET ADDRESS	341 NE 26TH AVE
CITY - ST - ZIP	POMPANO BEACH, FL 33062
TITLE	VP
NAME	TOMASSETTI, JOHN
STREET ADDRESS	341 NE 26TH AVE
CITY - ST - ZIP	POMPANO BEACH, FL 33062
TITLE	VP
NAME	TOMASSETTI, VICTOR
STREET ADDRESS	341 NE 26 AVE.
CITY - ST - ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000178190
01/12/05-80017-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Mary Tomassetti
MARY TOMASSETTI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-2005 / 954-783-5858