

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



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 20-0695949 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

1100000178190
 01/12/05-80017-013 150.00

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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.

SIGNATURE: Mary Tomassetti PRES. 1-7-2005 954-783-5858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #