


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 A
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
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DO NOT WRITE IN THIS SPACE

01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0695949	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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

U000000631554
02/20/07-80052-005 150.00

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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: Peter Tomasetti - Sect. / **PETER TOMASSETTI - SECT.** 2/8/07 954-783-5858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #