2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 23, 2006 8:00 am Secretary of State **DOCUMENT # P04000047511** 01-23-2006 90037 031 ***150.00 DALIMA ENTERPRISES, INC. Principal Place of Business Mailing Address 13547 NW 9TH COURT 13547 NW 9TH COURT PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33028 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 CR2E034 (11/05) Cha-P Applied For City & State City & State 4. FEI Number 20-0873026 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VARGAS, JESUS M Street Address (P.O. Box Number is Not Acceptable) 13547 NW 9TH COURT PEMBROKE PINES, FL 33028 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ■ Addition ☐ Change NAME VARGAS, JESUS M NAME STREET ADDRESS **13547 NW 9TH COURT** STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33028 CITY-ST-ZIP ☐ Delete MILE TITLE ☐ Chance ☐ Addition HURTADO, CLAUDIA L NAME MALE STREET ADDRESS 13547 NW 9TH COURT STREET ADDRESS CITY-ST-ZP PEMBROKE PINES, FL 33028 CITY-ST-ZIP TET) F ☐ Delete TIRE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Addition ☐ Change NAME MALAF STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ■ Addition HALAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 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 empow

Jesus M. Vargas

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

954) 885-7660