

03/30/2005 12:21 WILLIAM ALBORNOZ → D

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90060 025 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             |                                                                                                                                         |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P04000063280</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             |                                                        |                                                                   |
| 1. Entity Name<br><b>DELBA INTERNATIONAL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                             |                                                                                                                                         |                                                                   |
| Principal Place of Business<br><b>901 PONCE DE LEON BLVD.<br/>SUITE 603<br/>CORAL GABLES, FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                             | Mailing Address<br><b>901 PONCE DE LEON BLVD.<br/>SUITE 603<br/>CORAL GABLES, FL 33134</b>                                              |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             | 3. Mailing Address                                                                                                                      |                                                                   |
| State, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                             | State, Apt. #, etc.                                                                                                                     |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             | City & State                                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                                                     | Zip                                                                                                                                     | Country                                                           |
| 4. FEI Number<br><b>APPLIED FOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                             | Applied For<br>Not Applicable                                                                                                           |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                             |                                                                                                                                         |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>ALBORNOZ, WILLIAM H ESQ.<br/>901 PONCE DE LEON BLVD.<br/>SUITE 603<br/>CORAL GABLES, FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |                                                                                                                                         |                                                                   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and use is acceptable. (NOTE: Registered agent signature is required when reappointing)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                             |                                                                                                                                         |                                                                   |
| <b>FILE NOW! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees                      |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>D<br/>DEL BARRIO, DANIEL<br/>901 PONCE DE LEON BLVD. #603<br/>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 this 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 authority empowered. |                                                                                                                             |                                                                                                                                         |                                                                   |
| SIGNATURE: _____<br><small>SIGNATURE AND TYPES OF REGISTERED AGENT OR OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             | Date: <b>3/30/05</b> 011525 50806056<br><small>Del BARRIO, DANIEL</small>                                                               |                                                                   |