

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076476

FILED
May 18, 2006
Secretary of State

Entity Name: DELPHIN SOUTH FLORIDA INC.

Current Principal Place of Business:

4287 NW 167 STREET
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

4287 NW 167 STREET
MIAMI, FL 33055

New Mailing Address:

FEI Number: 26-0085902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTIERREZ, ARBEY
6799 SW 15 STREET
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GUTIERREZ, ARBEY
Address: 6799 SW 15 STREET
City-St-Zip: MIAMI, FL 33144

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: VELASQUEZ, DANIEL
Address: 4287 NW 167 STREET
City-St-Zip: MIAMI, FL 33055

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARBEY GUTIERREZ

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05/18/2006

Electronic Signature of Signing Officer or Director

_____ Date