


FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90213 041 ***158.75

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000089947			
1. Entity Name DELVA TRUCKING INCORPORATED			
Principal Place of Business 606 SW 75TH AVE NORTH LAUDERDALE, FL 33068 US		Mailing Address 606 SW 75TH AVE NORTH LAUDERDALE, FL 33068 US	
2. Principal Place of Business 4910 Lighthouse Cir Suite, Apt. #, etc. 4910B		3. Mailing Address 4910 Lighthouse Cir Suite, Apt. #, etc. 4910B	
City & State Coconut Creek FL		City & State Coconut Creek FL	
Zip 33063 Country Broward		Zip 33063 Country Broward	
4. FEI Number 73-1707843		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DELVA, JOEL 606 SW 75TH AVE NORTH LAUDERDALE, FL 33068		7. Name and Address of New Registered Agent Name Joel Delva Street Address (P.O. Box Number is Not Acceptable) 4910 Lighthouse Cir City Coconut Creek FL Zip Code 33063	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS DELVA, JOEL 606 SW 75TH AVE NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS Joel Delva 4910 Lighthouse Cir Coconut Creek FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05