

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90086 049 \*\*\*150.00

DOCUMENT # P04000103099

1. Entity Name

DILU FINANCE CORPORATION



Principal Place of Business

751 HIALEAH DRIVE  
HIALEAH FL 33010

Mailing Address

751 HIALEAH <sup>DR</sup> ~~DRIVE~~ NW SOUTH RIVER DR-B  
HIALEAH FL 33010



2. Principal Place of Business

Same as Above

3. Mailing Address

751 Hialeah Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah Florida

Zip

Country

Zip

33010

Country

USA

4. FEI Number

20-1395930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

MARQUEZ, MARCIA  
751 HIALEAH DR DRIVE  
MEDLEY FL 33168  
Hialeah 33010

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and type if applicable

(NOTE: Registered Agent signature required when reinstating)

3/22/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
MARQUEZ, MARCIA  
751 HIALEAH DRIVE  
HIALEAH FL 33010 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
MENEDEZ, MARIA A  
751 HIALEAH DR  
HIALEAH FL 33010 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
  
  
  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
  
  
  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06 786-210-1654

Date

Daytime Phone #