

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159494

Entity Name: DELAR INVESTMENTS, INC.

FILED
Jun 29, 2005
Secretary of State

Current Principal Place of Business:

261 NW 42 ST.
OAKLAND PARK, FL 33309

New Principal Place of Business:

Current Mailing Address:

18341 SHERMAN WAY,
213
RESEDA, CA 91335

New Mailing Address:

FEI Number: 47-0947527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELEON, MANUEL DS
261 NW 42 ST.
OAKLAND PARK, FL 33309 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: DELEON, MANUEL DS
Address: 18341 SHERMAN WAY
City-St-Zip: RESEDA, CA 91335

Title: T () Delete
Name: DELEON, MANUEL DS
Address: 18341 SHERMAN WAY
City-St-Zip: RESEDA, CA 91335

Title: S () Delete
Name: ABRAMS, BOBBY
Address: 18341 SHERMAN WAY
City-St-Zip: RESEDA, CA 91335

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DELEON, MANUEL DS
Address: 18341 SHERMAN WAY
City-St-Zip: RESEDA, CA 91335 US

Title: T (X) Change () Addition
Name: DELEON, MANUEL DS
Address: 18341 SHERMAN WAY
City-St-Zip: RESEDA, CA 91335 US

Title: S (X) Change () Addition
Name: ABRAMS, BOBBY
Address: 18341 SHERMAN WAY
City-St-Zip: RESEDA, CA 91335 US

Title: D () Change (X) Addition
Name: DELEON, MANUEL DS
Address: 18341 SHERMAN WAY
City-St-Zip: RESEDA, CA 91335 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BOBBY ABRAMS

SECR

06/29/2005

Electronic Signature of Signing Officer or Director

Date