

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159494

FILED
Mar 12, 2007
Secretary of State

Entity Name: DELAR INVESTMENTS, INC.

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:

18341 SHERMAN WAY,
200
RESEDA, CA 91335

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

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 US

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: DELEON, MANUEL DDS
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 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: BOBBY ABRAMS

SEC

03/12/2007

Electronic Signature of Signing Officer or Director

_____ Date