

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102194

FILED
Mar 05, 2009
Secretary of State

Entity Name: PIERRE DELTOR & DOMINIQUE DELTOR, P.A.

Current Principal Place of Business:

13527 49TH STREET NORTH
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

7040 SEMINOLE PRATT WHITNEY RD
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 68-0614159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145 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: DP () Delete
Name: DELTOR, PIERRE
Address: 13527 49TH STREET NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: DST () Delete
Name: DELTOR, DOMINIQUE
Address: 13527 49TH STREET NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: PIERRE DELTOR

DP

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date