


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000143923**

1. Entity Name  
 IVY D.L.J. INVESTMENTS, INC.



Principal Place of Business  
 848 BRICKELL AVENUE  
 SUITE 700  
 MIAMI, FL 33131

Mailing Address  
 848 BRICKELL AVENUE  
 SUITE 700  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 20-3818231

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MURAI WALD BIONDO MORENO & BROCHIN, PA  
 TWO ALHAMBRA PLAZA  
 PENTHOUSE 1B  
 CORAL GABLES, FL 33134

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000922599  
 05/15/08-80053-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARAID, JOSE
STREET ADDRESS	848 BRICKELL AVENUE STE. 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	ARDID, INIGO
STREET ADDRESS	848 BRICKELL AVENUE STE. 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	ARDID, DIEGO
STREET ADDRESS	848 BRICKELL AVENUE STE. 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 Chapter 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: JOSE ARAID 4-21-08 305 377 1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #