

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-05-2007 90080 042 ***158.75

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| DOCUMENT # P06000046399 1. Entity Name DELFIN CLOTHING MANUFACTURING, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 3661 NW 17TH STREET MIAMI, FL 33125 | | | Mailing Address 3661 NW 17TH STREET MIAMI, FL 33125 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Zip Country | | City & State Zip Country | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 20-4605183 | | | | Applied For <input checked="" type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent CORPDOCUMENTS.COM, INC. 16755 NW 91ST AVE MIAMILAKES, FL 33018 | | | 7. Name and Address of New Registered Agent Name DURAN, TIBURCIO R. Street Address (P.O. Box Number is Not Acceptable) 3661 NW 17TH STREET City MIAMI FL Zip Code 33125-1747 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: 01/30/07 <small>Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D DELFIN, TIBURCIO R</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">3661 NW 17TH STREET</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">MIAMI, FL 33125</td> </tr> </table> | | | TITLE | D DELFIN, TIBURCIO R | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | 3661 NW 17TH STREET | | CITY- ST- ZIP | MIAMI, FL 33125 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D DURAN, TIBURCIO R.</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">3661 NW 17TH STREET</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">MIAMI, FL 33125-1747</td> </tr> </table> | | | TITLE | D DURAN, TIBURCIO R. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | 3661 NW 17TH STREET | | CITY- ST- ZIP | MIAMI, FL 33125-1747 | |
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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: Presidente DATE: 01/30/07 <small>Signature is typed or printed name of signing officer or director</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ATTACHMENT

66002820

Delfin Clothing Manufacturing, Inc.

Formed in the state of Florida

Business Address: 3661 NW 17th Street
Miami, FL 33125

Business Phone#: (786) 879-3970

Tax ID Number (EIN): 20-4605183

Document Number: P06000046399

Date Filed: 3/29/2006

CERTIFICATE SALES TAX 23-8013643437-2

Bank Name: _____

Bank Address: _____

Bank Phone Number: _____

Account Number: _____

Date Bank Account was opened: _____