

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000028557

FILED
Mar 13, 2009
Secretary of State

Entity Name: DOLPHIN USA SERVICES, CORP

Current Principal Place of Business:

149 EAST 3RD STREET
317
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

149 EAST 3RD STREET
317
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 26-2213262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ CRUZ, GRISEL
149 EAST 3RD STREET
317
HIALEAH, FL 33010 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: PD () Delete
Name: MARTINEZ CRUZ, GRISEL
Address: 149 EAST 3RD STREET, STE 317
City-St-Zip: HIALEAH, FL 33010

Title: V () Delete
Name: GUERRA, OLGA C
Address: 149 EAST 3RD STREET
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: GUERRA, OLGA C
Address: 149 EAST 3RD STREET
City-St-Zip: HIALEAH, FL 33010

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: GRISEL MARTINEZ CRUZ

PD

03/13/2009

Electronic Signature of Signing Officer or Director

_____ Date