2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000076048

Entity Name: D.L.D. INVESTMENTS, INC

FILED Feb 10, 2004 Secretary of State

Entity Na	me: D.L.D. IN	VESTMENTS, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
9755 S.W. MIAMI, FL	. 62ND ST. 33173				
Current Mailing Address:			New Mailing Address:		
9755 S.W. MIAMI, FL	. 62ND ST. 33173				
FEI Number	: 65-0529867	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
	e named entity e of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI					
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD (VALDES, DANI 9755 SW 62 S MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (VALDES, DANI 9100 SW 68 S MIAMI, FL 331	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (VALDES, ROS 9755 SW 62 S MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD (VALDES, LETI 9755 SW 62 S MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address:	SD (VALDES, DAVI 9755 SW 62 S		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: LETICIA R. VALDES TD 02/10/2004

City-St-Zip: MIAMI, FL