

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000076048

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

FILED  
Jan 17, 2008  
Secretary of State

## Current Principal Place of Business:

9755 S.W. 62ND ST.  
MIAMI, FL 33173

## New Principal Place of Business:

## Current Mailing Address:

9755 S.W. 62ND ST.  
MIAMI, FL 33173

## New Mailing Address:

FEI Number: 65-0529867

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARQUEZ, JOSE M PA  
6303 BLUE LAGOON DRIVE  
SUITE 390  
MIAMI, FL 33126 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: VALDES, DANIEL R  
Address: 9755 SW 62 ST  
City-St-Zip: MIAMI, FL 33173

Title: VD ( ) Delete  
Name: VALDES, DANIEL F  
Address: 9100 SW 68 STREET  
City-St-Zip: MIAMI, FL 33173

Title: VD ( ) Delete  
Name: VALDES, ROSARIO  
Address: 9755 SW 62 ST  
City-St-Zip: MIAMI, FL 33173

Title: TD ( ) Delete  
Name: VALDES, LETICIA R  
Address: 9755 SW 62 ST  
City-St-Zip: MIAMI, FL 33173

Title: SD ( ) Delete  
Name: VALDES, DAVID L  
Address: 9755 SW 62 ST  
City-St-Zip: MIAMI, FL 33173

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition  
Name: VALDES, DANIEL F  
Address: 7425 SW 61 ST  
City-St-Zip: MIAMI, FL 33143

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

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: LETICIA VALDES

TD

01/17/2008

Electronic Signature of Signing Officer or Director

Date