

1. Entity Name D.L.O. INVESTMENTS INC.						<div style="font-size: 1.2em; font-weight: bold;">FILED</div> <div style="font-size: 1.1em; font-weight: bold;">Feb 22, 2007 08:00 AM</div> <div style="font-size: 0.8em; margin-top: 10px;"> 1st MOORE CR2E034 (10/06) </div>	
Principal Place of Business 12100 S.W. 47TH STREET MIAMI FL 33175				Mailing Address 12100 S.W. 47TH STREET MIAMI FL 33175			
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 65-0581473				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALEXANDER, LOUIS 12100 S.W. 47TH STREET MIAMI FL 33175				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
\$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALEXANDER, LOUIS		NAME				
STREET ADDRESS	12100 S.W. 47TH STREET		STREET ADDRESS				
CITY- ST- ZIP	MIAMI FL 33175		CITY- ST- ZIP				

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 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 or on an attachment with an address, with all other like empowered.

Louis Alexander / Louis ALEXANDER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/2007
 Date Daytime Phone #