


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000010683</b> 1. Entity Name PLAYA DEL ANGEL EXPRESS, INC.	
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Principal Place of Business 11326 N.W. 3RD TERRACE MIAMI, FL 33172	Mailing Address 11326 N.W. 3RD TERRACE MIAMI, FL 33172
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**DO NOT WRITE IN THIS SPACE**



02272007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-6639816	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DELGADO, ROMELIO A 11326 N.W. 3RD TERRACE MIAMI, FL 33172
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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DELGADO, ROMELIO A 11326 N.W. 3RD TERRACE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DELGADO, ANA 11326 N.W. 3RD TERRACE MIAMI, FL 33172
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/13/07-80010-001 150.00

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IN THIS SPACE**

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 persons empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #