

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2005 8:00 am**  
**Secretary of State**

08-23-2005 90013 004 \*\*\*150.00

**DOCUMENT # P96000035055**

1. Entity Name  
**DELS ENTERPRISES, INC.**



Principal Place of Business  
**8260 NW 70TH ST  
MIAMI, FL 33166 US**

Mailing Address  
**8260 NW 70TH ST  
MIAMI, FL 33166 US**

**50063008**



2. Principal Place of Business  
**6687 NW 66 AVENUE  
Suite, Apt. #, etc.**

3. Mailing Address  
**6687 NW 66 AVENUE  
Suite, Apt. #, etc.**

07182005 Chg-P CR2E034 (10/03)

City & State  
**PARKLAND, FL**

City & State  
**PARKLAND, FL**

4. FEI Number  
**65-0664913**

Applied For  
Not Applicable

Zip Country  
**33067**

Zip Country  
**33067**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SAENZ, DANIEL  
2508 JARDIN DRIVE  
WESTON, FL 33327**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**6687 NW 66 AVENUE**

City  
**PARKLAND**

FL

Zip Code  
**33067**

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME ☐ Delete  
**PD DANIEL SAENZ**  
STREET ADDRESS **8260 NW 70TH ST**  
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS **6687 NW 66 AVENUE**  
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/18/05**

Date

Daytime Phone #