2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 08:00 AM Secretary of State

1. Entity Nam DELTA S	HOE GŘOUP, INC.	3			e Beere	tary or state
Principal Plac 10814 NW 3 115 MIAMI, FL 3:	3 ST 1	ailing Address 10814 NW 33 ST 115 MAM, FL 33172 US				
D	O NOT WRITE II	CE	04142005 4. FEI Numb 65-078	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANTON, EDUARDO 1385 CORAL WAY SUITE 406 MIAMI, FL 33145			DO NOT WRITE 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. Repairered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				00 May Be ed to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA TORRE, HOMERO R 10814 NW 33RD STREET STE 115 MIAMI, FL 33172	CTORS			U00000 04/18/05-	0311228 -80036-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOMEZ, ANN 10814 NW 33RD ST STE 115 MIAMI, FL 33172	· · · · · · · · · · · · · · · · · · ·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	j	·		NOT W	
NAME STREET ADDRESS CITY+ST-ZIP	,			IN ⁻	THIS SP	ACE
TITLE NAME STREET ADDRESS CUTY - ST - ZIP		 		-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		12 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			···	and the second s
12. I hereby certify that the information supplied with this filling 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 orporation or the receiver or trustee employered 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 OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR Date Daylerie Promy &						