

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000058201

Entity Name: DELA INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

309 S GULFVIEW BLVD  
CLEARWATER BEACH, FL 33767 US

## New Principal Place of Business:

## Current Mailing Address:

2165 SUNNYDALE BLVD  
SUITE I  
CLEARWATER BEACH, FL 33767 US

## New Mailing Address:

309 S GULFVIEW BLVD  
CLEARWATER BEACH, FL 33767 US

FEI Number: 59-3457416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STONE, ADELE I ESQ.  
ATKINSON DINER STONE & MANKUTA P.A.  
1946 TYLER STREET  
HOLLYWOOD, FL 33020 US

## Name and Address of New Registered Agent:

HASON, LIOR  
309 S GULFVIEW BLVD  
CLEARWATER, FL 33767 US

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: LIOR HASON

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HASON, L  
Address: 201 S GULFVIEW BLVD  
City-St-Zip: CLEARWATER BCH, FL 33767

Title: ST ( ) Delete  
Name: OVAKNIN, A  
Address: 315 S GULFVIEW BLVD  
City-St-Zip: CLEARWATER BCH, FL 33767

Title: VP ( ) Delete  
Name: MALINESKY, D  
Address: 4100 N 28TH TERR  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Delete  
Name: LEVY, E  
Address: 4100 N 28TH TERR  
City-St-Zip: HOLLYWOOD, LF 33021

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HASON, L  
Address: 309 S GULFVIEW BLVD  
City-St-Zip: CLEARWATER BCH, FL 33767

Title: ST (X) Change ( ) Addition  
Name: OVAKNIN, A  
Address: 4100 N 28TH TERR  
City-St-Zip: HOLLYWOOD, FL 33021

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: LIOR HASON

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date