

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000104428

Entity Name: DELTA TRIANGLE CORP.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

790 SUMMA AVE.
WESTBURY, NY 11590

New Principal Place of Business:

Current Mailing Address:

790 SUMMA AVE.
WESTBURY, NY 11590

New Mailing Address:

FEI Number: 52-2108620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONE, STEPHEN M
N MAGNOLIA AVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

STONE, STEPHEN M
725 N MAGNOLIA AVE
ORLANDO, FL 32803 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: STEPHEN STONE

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAFFER, MUSTAFA
Address: 790 SUMMA AVE
City-St-Zip: WESTBURY, NY 11590

Title: VP () Delete
Name: JAFFER, SADIQUE
Address: 790 SUMMA AVE
City-St-Zip: WESTBURY, NY 11590

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JAFFER, MOHAMMED
Address: 790 SUMMA AVE
City-St-Zip: WESTBURY, NY 11590

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: SADIQUE JAFFER

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date