


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000033147 1. Entity Name THE DELFIN PROJECT, INC.	
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Principal Place of Business 7100 W CAMINO REAL STE 406 BOCA RATON, FL 33433 US	Mailing Address 7100 W CAMINO REAL STE 406 BOCA RATON, FL 33433 US
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DO NOT WRITE IN THIS SPACE



02092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0834216	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 500 EAST BROWARD BLVD. SUITE 1400 FT. LAUDERDALE, FL 33394

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARUBBI, JOSEPH 3221 SOUTH OCEAN BLVD. #908 HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAKAR, MICHAEL 7100 W. CAMINO REAL STE 406 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANOUREK, ROBERT 7100 W CAMINO REAL STE 406 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TINDALL, TRACY A 7100 W CAMINO REAL STE #406 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/03/07-80010-006 150.00

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 like empowered.

SIGNATURE: <i>Michael Makar, CEO</i> MICHAEL MAKAR 4/15/07 561-361-7887 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
