2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY - ST - 71P

SIGNATURE:

May 19, 2004 08:00 AM Secretary of State DOCUMENT # P99000008532 DELTA CONTESTATIONS, INC. Principal Place of Business Mailing Address 7805 CORAL WAY, SUITE 103 7805 CORAL WAY, SUITE 103 MIAMI, FL 33155-6539 MIAMI, FL 33155-6539 05062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 27-0055174 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent VALDERRAMA, FERNANDO DO NOT WRITE 7805 CORAL WAY, SUITE 103 MIAMI, FL 33155-6539 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE Registered Agent signature required when reinstating) rame of redistered agent and little if applicable Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. DP MLE VALDERRAMA, FERNANDO 05/19/04-80002-003 150.00 NAME 7805 CORAL WAY, SUITE 103 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331555539 DDE NAME STREET ADDRESS. CITY-ST-ZIF DILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TETTE E NAME. STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ACCRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED