

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90032 038 \*\*\*150.00

DOCUMENT # P99000079586

1. Entity Name  
DELFIN CORPORATION



Principal Place of Business  
~~C/O LUIS M. ARTIME, ESQ.~~  
~~ONE SE 3RD AVENUE, 28TH FLOOR~~  
~~MIAMI, FL 33131 US~~

Mailing Address  
~~C/O LUIS M. ARTIME, ESQ.~~  
~~ONE SE 3RD AVENUE, 28TH FLOOR~~  
~~MIAMI, FL 33131 US~~

44024213



2. Principal Place of Business  
201 CRANDON Blvd  
Suite, Apt. #, etc.  
#700

3. Mailing Address  
201 CRANDON Blvd  
Suite, Apt. #, etc.  
#700

04022004 Chg-P CR2E034 (10/03)

City & State  
Key Biscayne, FLA  
Zip  
33149  
Country  
USA

4. FEI Number  
65-0959720  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name  
NICOLAS G. VILLAGELIC, CPA

Street Address (P.O. Box Number is Not Acceptable)

1841 SW 29TH AVENUE

City  
Miami FL Zip Code  
33145

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 *Nicolas G. Villagelic, CPA* *NICOLAS G. VILLAGELIC, CPA* 4/1/04  
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMBON, DANIEL <del>ONE SE 3RD AVENUE, 28TH FLOOR</del> <del>MIAMI, FL 33131</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	201 CRANDON Blvd #700 Key Biscayne, FLA 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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: *Daniel Cambon* *Daniel Cambon, Director* 4/1/04 305-446,6601  
Signature and typed or printed name of signing officer or director Date Daytime Phone #