
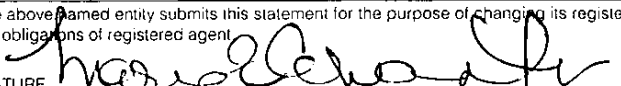
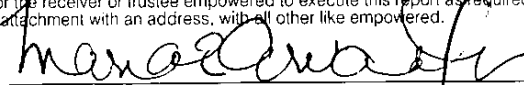


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90090 010 ***150.00

DOCUMENT # V24009 1. Entity Name DELTA CONTRACTING, INC.					
Principal Place of Business 4850 SW 72ND AVE MIAMI, FL 33155			Mailing Address 4850 SW 72ND AVE MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box # 9840 SW 77th Ave		3. Mailing Address 9840 SW 77th Ave			
Suite, Apt. #, etc. 301		Suite, Apt. #, etc. 301			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33150	Country USA	Zip 33150	Country USA	4. FEI Number 65-0323043	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CERVANTES, MARIA 12025 SW 70 COURT MIAMI, FL 33156			7. Name and Address of New Registered Agent Name Cervantes, Maria E. Street Address (P.O. Box Number is Not Acceptable) 9840 SW 77th Ave Suite 301 City Miami FL Zip Code 33150		
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  DATE 1-10-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CERVANTES, MARIA E 12025 SW 70 CT MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cervantes, Maria E. 9840 SW 77th Ave, #301 Miami, FL 33150	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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 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: 			Date 1-10-08 Daytime Phone #		

40002767



01082008 Chg-P CR2E034 (12/06)