

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V33516

FILED
May 14, 2007
Secretary of State

Entity Name: DELMED INVESTMENTS, INC.

Current Principal Place of Business:

12805 NW 42 AVE.
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

12805 NW 42 AVE.
OPA LOCKA, FL 33054

New Mailing Address:

2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES, FL 33134

FEI Number: 59-2721857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRATS, GABRIEL
2121 PONCE DE LEON BLVD.
NO. 240
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PRATS FERNANDEZ & CO PA
2121 PONCE DE LEON BLVD.
STE 240
CORAL GABLES, FL 33134 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: GABRIEL PRATS

05/14/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MEDINA, DELIO I
Address: 600 NROTH ISLAND
City-St-Zip: GOLDEN BEACH, FL 33160

Title: DST () Delete
Name: ACOSTA, HUGO JR
Address: 13020 MAR STREET
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MEDINA, DELIO I
Address: 600 NORTH ISLAND
City-St-Zip: GOLDEN BEACH, FL 33160

Title: DST (X) Change () Addition
Name: ACOSTA, HUGO JR
Address: 14960 EGAN LANE
City-St-Zip: MIAMI LAKES, FL 33014

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: DELIO MEDINA

DP

05/14/2007

Electronic Signature of Signing Officer or Director

Date