

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V42444

Entity Name: D'LITES ENTERPRISES, INC.

FILED  
Apr 12, 2007  
Secretary of State

**Current Principal Place of Business:**

8251 W. SUNRISE BLVD.  
PLANTATION, FL 33322 US

**New Principal Place of Business:**

**Current Mailing Address:**

8251 W. SUNRISE BLVD  
PLANTATION, FL 33322 US

**New Mailing Address:**

FEI Number: 65-0339728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORSOVER, GERALD S  
10897 NW 6TH ST  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CORSOVER, GERALD S  
Address: 10897 NW 6TH ST  
City-St-Zip: CORAL SPRINGS, FL

Title: VP ( ) Delete  
Name: CORSOVER, SUSAN  
Address: 10897 NW 6TH ST  
City-St-Zip: CORAL SPRINGS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN CORSOVER

VPRE

04/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date