

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-08-2006 90273 035 ***150.00

DOCUMENT # H24184
 1. Entity Name
DUFY AMERICA, INC.



Principal Place of Business
 10300 NW 19TH ST., STE. 114
 MIAMI, FL 33172

Mailing Address
 PO BOX 226170
 MIAMI, FL 33122

66019467



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03302006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
59-2456750

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature returned when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HENDRY, ROBERT R. 20 N ORANGE AVE, STE 600 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, JOSE 10300 NW 19TH STREET, STE #114 MIAMI, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OTAOLA, LUIS 10300 NW 19TH STREET STE. #114 MIAMI, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, PATRICIA 10300 NW 19TH STREET STE #114 MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POTASH, JONATHAN 10300 NW 19TH STREET STE 114 MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DIAZ, JULIAN 10300 NW 19th Street, suite 114 MIAMI, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, JOSE 10300 NW 19th Street, suite 114 MIAMI, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OTAOLA, LUIS 10300 NW 19th Street, suite 114 MIAMI, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSINYOL, XAVIER 10300 NW 19th Street, suite 114 MIAMI, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEA, JOSE ANTONIO 10300 NW 19th Street, suite 114 MIAMI, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Duclos, PASCAL 10300 NW 19th Street, suite 114 MIAMI, FL 33172 <input type="checkbox"/> Change <input checked="" 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 another like empowered.

SIGNATURE: Luis Otaola **4/21/06** **305.591.1763**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT



66019467
#H24184

Americas &
Caribbean

June 13, 2006

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: H24184

Dear Florida Dept of State:

Included with this letter is the annual report form signed by the authorized officer. As stated on your letter, to avoid a late fee, you will receive this form within the 30 days.

If you need additional information to finalize this request, please contact me immediately at 305.591.1763 Ext 270. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Carol Vargas".

Carol Vargas
Administrative Assistant
Business Support