



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # H24184 1. Entity Name DUFREY AMERICA, INC.	
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Principal Place of Business 10300 NW 19TH ST, SUITE 114 MIAMI, FL 33172 US	Mailing Address PO BOX 226170 MIAMI, FL 33122 US
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2456750	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

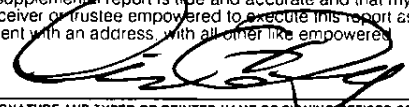
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000792562  
 01/24/08-80012-011 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, JULIAN 10300 NW 19TH ST, SUITE 114 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, JOSE 10300 NW 19TH ST, SUITE 114 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OTAOLA, LUIS 10300 NW 19TH ST, SUITE 114 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSINYOL, XAVIER 10300 NW 19TH ST, SUITE 114 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEA, JOSE A 10300 NW 19TH ST, SUITE 114 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUCLOS, PASCAL 10300 NW 19TH ST, SUITE 114 MIAMI, FL 33172

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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 # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR