


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000014189 1. Entity Name D.G.D. MANAGEMENT & PROJECTS, LLC	
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Principal Place of Business 1120 S. POWERLINE RD. POMPANO BEACH, FL 33069	Mailing Address 1120 S. POWERLINE RD. POMPANO BEACH, FL 33069
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01182006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 55-0836482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CABRERA, LUIS M 1120 S. POWERLINE RD. POMPANO BEACH, FL 33069
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDO, DELGADO 1120 S. POWERLINE RD POMPANO BCH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALEJANDRO, GONZALEZ 1120 S. POWERLINE RD POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSCAR, DIQUEZ 1120 S. POWERLINE RD POMPANO BCH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CABRERA, LUIS 1120 S. POWERLINE RD POMPANO BCH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/06-80021-024 50.00

**DO NOT WRITE IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  1/19/06 8049734276  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #