2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91473 035 ***150.00

DOCUMENT # 1. Entity Name D & F INC., USA	P02000040090				
Principal Place of Business	Mailing Address				
11456 NW 43 TERRACE	11456 NW 43 TERRACE	11456 NW 43 TERRACE			
MIAMI FL 33178	MIAMI FL 33178				

	Place of Business & NW 43 terral	3. Mailing Address	N 43 TER		I IOOKKOON KKI BOKKO KIAKK DENIK BANKI BABIK BARKI OYOYI OOKK BOKK BOKKO JOHN OOKI IOOK			
Suite, Apt.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
	ami, FL		; , FL .	4	4. FEI Number Applied For			
^{Zip} 331	78 Country .	8718E	Country S.A.	5	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current F	Registered Agent		7	7. Name and Address of New Registered Agent			
CORPORATE CREATIONS NETWORK, INC.			Name Varia M. Pardo. Street Address (P.O. Box Number is Not Acceptable)					
941 FOURTH STREET #200			Street Address (FO. Box Nutritler is Not Acceptable)					
MIAMI BE/	ACH FL 33139							
	<u> </u>		City	lic	ami FL Zip Code 3 178			
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 .	Hurl				4/21/03			
	Signature, typed or printed pame of registered agent or	nd title if applicable. (NOTE: 9	Registered Agent signature rec	quired whe	nen reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARDO, MARIA M 11456 NW 43 TERRACE MIAMI FL 33178	☐ Delete	MAME T		sident Pardo. Change Baddition SCHW 43 TER			
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 appears, with all other like empowered.

SIGNATURE: