2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 17, 2004 8:00 am DOCUMENT # P03000101561 **Secretary of State** 1. Entity Name D & G BUSINESS SERVICES, INC. 03-17-2004 90003 022 ***150.00 Principal Place of Business Mailing Address 900 WEST 49TH ST., SUITE 538 HIALEAH FL 33012 900 WEST 49TH ST., SUITE 538 HIALEAH FL 33012 Mailing Address Principal Place of Busine 49Th Street 00 West 00 W) Suite, Apt. #, etc. Suite. Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For 52-2402279 Not Applicable Country Country \$8.75 Additional 5. Certificate_of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SERRANO, DAGMARA 900 WEST 49TH ST., SUITE 538 HIALEAH FL 33012 8. The above named entity submits this statement for the purpose of changing its registered of "co of Florida the obligations of registered agent FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PAILLEDO.E DIGZ TITLE Delete TITLE 900 w 49 street Suite 528 SERRANO, DAGMARA NAME NAME 744 85TH STREET APT. #2 STREET ADDRESS STREET ADDRESS Halech. FL. 33012 MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP ▼ Delete TITLE TITLE GAYLER, JANE NAME NAME 495tad Suit.52P. 744 85TH STREET APT. #2 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZiP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing 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 shr 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 red, intended to supplemental repo