

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000023466

Entity Name: DUQUEFO TRUST INC

FILED  
Apr 04, 2006  
Secretary of State

**Current Principal Place of Business:**

979 NW 168 AVE  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

979 NW 168 AVE  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

FEI Number: 20-2574612      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NIETO, JUAN P  
17836 SW 10 LN  
PEMBROKE PINES, FL 33029      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DUQUE, DAVID  
Address: 979 NW 168 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VPD ( ) Delete  
Name: FORERO, MARTHA L  
Address: 979 NW 168 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD ( ) Delete  
Name: DUQUE, MARIO D  
Address: 979 NW 168 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD ( ) Delete  
Name: DUQUE, SERGIO  
Address: 979 NW 168 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID DUQUE

PD

04/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date