


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90024 019 ***150.00

DOCUMENT # P05000093150

1. Entity Name
DB LAND INVESTMENTS, INC.



Principal Place of Business
**1680 MICHIGAN AVE.
 SUITE 1016
 MIAMI BEACH, FL 33139**

Mailing Address
**1680 MICHIGAN AVE
 SUITE 1016
 MIAMI BEACH, FL 33139**

2. Principal Place of Business - No P.O. Box #
1120 NE 87th ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State
MIAMI

City & State

Zip
33138

Country

Zip

Country

6. Name and Address of Current Registered Agent

**REINHARD, SANFORD N
 SANFORD N. REINHARD, P.A.
 2875 NE 191 ST #404
 AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

Name
DANNY BORRERO JR

Street Address (P.O. Box Number is Not Acceptable)
1120 NE 87th ST.

City
MIAMI

FL

Zip
33138

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 *Daniel Borrero*

Signature, typed or printed name of registered agent and title if applicable (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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BORRERO, DANIEL JR 175 PARK AVE BROOKLYN, NY 11205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BORRERO, DAVID 175 PARK AVE BROOKLYN, NY 11205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* 4/22/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



04182008 Chg-P CR2E034 (12/06)

4. FEI Number
35-2258578

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required