


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90255 035 ***158.75

DOCUMENT # P07000074472

1. Entity Name
DR N DM, CORP



Principal Place of Business Mailing Address

1440 NE 177TH STREET **1440 NE 177TH STREET**
NORTH MIAMI BEACH, FL 33162 US **NORTH MIAMI BEACH, FL 33162 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

5773 Five FLAGS BVD **5773 Five FLAGS BVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
APT # 1270 **APT # 1270**

04292008 Chg-P CR2E034 (12/06)

City & State City & State

Orlando, FL **Orlando, FL**
 Zip Country Zip Country
32822 **USA** **32822** **USA**

4. FEI Number Applied For
26-0419567 Not Applicable

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

6. Name and Address of Current Registered Agent

ROLON, DIANA M
1440 NE 177 STREET
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name **Diana M. Rolon**
 Street Address (P.O. Box Number is Not Acceptable)
5773 Five Flags Blvd
APT # 1270
 City **Orlando** FL Zip Code **32822**

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: *Diana M Rolon* DATE: 4/26/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLON, DIANA M	NAME	Diana M. Rolon
STREET ADDRESS	1440 NE 177 STREET	STREET ADDRESS	5773 Five Flags Blvd Apt # 1270
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	CITY-ST-ZIP	Orlando - FL - 32822
TITLE	<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	David K. Myers
STREET ADDRESS		STREET ADDRESS	5773 Five Flags Blvd Apt # 1270
CITY-ST-ZIP		CITY-ST-ZIP	Orlando, FL - 32822
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Diane M Rolon* DATE: 4/26/08 DAYTIME PHONE #: (407) 704-1148

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