


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000065993
 1. Entity Name
 DPI FRANCHISE, INC.



Principal Place of Business
 400 S. DIXIE HWY.
 MIAMI, FL 33146

Mailing Address
 400 S. DIXIE HWY.
 MIAMI, FL 33146

DO NOT WRITE IN THIS SPACE



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-0987536

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

IGNACIO MORENO
 7622 SW 129 PLACE
 MIAMI, FL 33183

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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 _____ DATE _____
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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORRIN, JUAN 10574 NW 51 ST MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORRIN, ALVARO 400 SOUTH DIXIE HWY CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MORENO, IGNACIO 7622 SW 129 PL. MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVARADO, ROBERTO 400 SOUTH DIXIE HWY CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GORRIN, ALEJANDRA C 10424 NW 69 ST MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINOL, ANDRES 400 SOUTH DIXIE HWY CORAL GABLES, FL 33146

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 05/11/06-80083-025 150.00

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]* 4/29/06 305-669-7988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #