
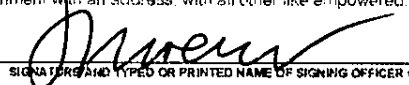


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 65-0987536				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
IGNACIO MORENO 7622 SW 129 PLACE MIAMI, FL 33183			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registered) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GORRIN, JUAN		NAME	U00000754330	
STREET ADDRESS	10574 NW 51 ST		STREET ADDRESS	05/22/07-80058-002 150.00	
CITY-STATE-ZIP	MIAMI, FL 33178		CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GORRIN, ALVARO		NAME		
STREET ADDRESS	400 SOUTH DIXIE HWY		STREET ADDRESS		
CITY-STATE-ZIP	CORAL GABLES, FL 33146		CITY-STATE-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORENO, IGNACIO		NAME		
STREET ADDRESS	7622 SW 129 PL.		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI, FL 33183		CITY-STATE-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALVARADO, ROBERTO		NAME		
STREET ADDRESS	400 SOUTH DIXIE HWY		STREET ADDRESS		
CITY-STATE-ZIP	CORAL GABLES, FL 33146		CITY-STATE-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GORRIN, ALEJANDRA C		NAME		
STREET ADDRESS	10424 NW 69 ST		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI, FL 33178		CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FINOL, ANDRES		NAME		
STREET ADDRESS	400 SOUTH DIXIE HWY		STREET ADDRESS		
CITY-STATE-ZIP	CORAL GABLES, FL 33146		CITY-STATE-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: 			Date: 4/30/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		