


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90100 036 \*\*\*150.00

<b>DOCUMENT # P99000103748</b>					
1. Entity Name DPI GROUP, INC.					
Principal Place of Business 8054 NW 66TH ST MIAMI, FL 33166		Mailing Address 18999 BISCAYNE BLVD #205 AVENTURA, FL 33180			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #., etc.		Suite, Apt. #., etc.			
City & State		City & State		4. FEI Number 65-0966541	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HSIANG-FANG, MING CHANG 18999 BISCAYNE BLVD, SUITE 205 AVENTURA, FL 33180			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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	PSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HSIANG-FANG, MIN CHANG		NAME		
STREET ADDRESS	8054 NW 66TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
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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 exemption stated in Section 119.07(3)(i), 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: <u>MIN CHANG HSIANG FANG</u>			03-10-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

00043313



01182005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

\$8.75 Additional Fee Required

FL Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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SIGNATURE: MIN CHANG HSIANG FANG  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-10-05  
 Daytime Phone #