2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 17, 2007
Secretary of State

DOCUMENT# P04000144404

Entity Name: D&S MINE, INC.

Current Principal Place of Business:

1234 S. DIXIE HWY.
#315
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

1234 S. DIXIE HWY.
#315
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 20-1769153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARCARDI, RUTH
1234 S DIXIE HIGHWAY #315
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: HUNSBERGER, DENNIS
Address: 1234 S. DIXIE HWY. #315
City-St-Zip: CORAL GABLES, FL 33146 US

Title: DVP ( ) Delete
Name: ZUZIAK, RONALD
Address: 1234 S. DIXIE HWY. #315
City-St-Zip: CORAL GABLES, FL 33146 US

Title: DPS ( ) Delete
Name: BACARDI, RUTH
Address: 1234 S. DIXIE HWY. #315
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D ( ) Delete
Name: KRIEBLE, PERRY
Address: 1234 S DIXIE HWY 315
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: HUNDBERGER, DENNIS
Address: 1234 S. DIXIE HWY. #315
City-St-Zip: CORAL GABLES, FL 33146 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: DIBIASE, AURELIO
Address: 1234 S. DIXIE HWY 315
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH BACARDI DPS 07/17/2007

Electronic Signature of Signing Officer or Director Date