## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Mar 26, 2008 8:00 am Secretary of State 03-26-2008 90025 033 \*\*\*150.00

DOCUMENT # P0400033986  1. Entity Name DEZERCON, INC.									03-26-200	J8 90025	J33 ***1	30.00
Principal Place of Business Mailing Address									3166			
18001 COLLINS AVENUE 18001 COL					DLLINS AVENUE LES BEACH, FL 33160			٠	52166			
2. Principal F	Mailing Address	Iling Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01242008	Chg-P	CR2E	034 (12/06)		
City & State				City & State		4. FEI Number 80-0099053				Applied For Not Applicable		
Zip		Country		Zip	Cour	ntry		5. Certificate	e of Status Desire	d []	\$8.75 Ad Fee Require	
	6. Name	and Address	of Current Regis	tered Agent		ļ		7. Name and	Address of Nev	v Registered	<u> </u>	
CUEAR RAVIR						Name						
SHEAR, DAVID 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134						Street Addre	ess (P	O. Box Numb	er is Not Accepta	able)		
					City			<u>-</u> .	FI	Zip Cod	Je	
8. The above	named entit	y submits this s	tatement for the p	ourpose of changing its	register	! ed office or reg	gistere	d agent, or bo	oth, in the State of		-	and accept
the obligations of registered agent.  SIGNATURE												
		or printed name of re	gistered agent and title	if applicable. (NOT	E. Registere	d Agent signature re	equired w	when reinstating)	T	DATE		
FIL	 E NOW!!! ay 1, 200!	FEE IS \$15 B Fee will b	60.00 e \$550.00	9. Election Campa Trust Fund Con			\$5.0 Added	00 May Be d to Fees				
10.		OFFIC	CERS AND DIREC	CTORS	11.			ADDITIONS	L /CHANGES TO C	FFICERS AN	) DIRECTOR	S IN 11
TITLE	D	<b>.</b>		Delete	TITU						☐ Change	Addition
NAME STREET ADDRESS	DEZER, GIL SS 18001 COLLINS AVENUE				NAM STRE	E ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
TITLE	1		<del></del>	☐ Delete	TITLE			***************************************			Change	☐ Addition
NAME CIDEET ADDRESS	IE EET AODRESS				E ET ADORESS							
CITY-ST-ZIP	~					CITY-ST-ZIP						
TITLE				□ Detete	TITLE						Change	[]] Addition
NAME STREET ADORESCE					NAM	- 1						
STREET ADDRESS CITY-ST-ZIP					- 2	ET ADDRESS - ST-ZIP			•		•	
TITLE				□ Delete	TATLE	<del></del>			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME					NAM	<b>I</b>						
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP						
TITLE				Delete	TITLE						Change	Addition
NAME					NAM	E						
STREET ADDRESS CITY-ST-ZIP						ET ADORESS - ST-ZIP						
TITLE				☐ Delete	TITLE						Change	Addition
NAME				_ 50,00	NAME							
STREET ADDRESS CITY-ST-ZIP		,	`			ET ADDRESS -ST-ZIP						
12. I hereby o	ertify that the	information sur	polied with this fi	ling does not at alify fo	or the eye	mntions conta	ined i	n Chapter 119	Florida Statutes	I further cor	tify that the i-	oformation
12. I hereby certify that the information supplied with this filing does not equalify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 receipter 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.												
SIGNAT	URF.			<i>(</i> رَدُ	Dez	uer.		3/21	108			
V.V.IA!	~· \L	SIGNATURE AND	TYPED OR PRINTED	NAME OF SIGNING OFFICER			<u>.</u>		Date		Jaytime Phone #	