

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 337899

FILED
Mar 31, 2009
Secretary of State**Entity Name:** DO-IT CORPORATION**Current Principal Place of Business:**4070 BARBAROSSA AVENUE
MIAMI, FL 33133**New Principal Place of Business:****Current Mailing Address:**4070 BARBAROSSA AVENUE
MIAMI, FL 33133**New Mailing Address:****FEI Number:** 59-1226199**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PATTERSON & SWEENEY PA
800 DOUGLAS ROAD
SUITE105
MIAMI, FL 33134 US**Name and Address of New Registered Agent:**PATTERSON & SWEENEY PL
TWO DATRAN CTR. 9130 S. DADELAND BLVD
SUITE1218
MIAMI, FL 33156 US

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: JOHN PATTERSON JR.

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: ROSEN, JANET Z PRES.
Address: 4070 BARBAROSSA AVE
City-St-Zip: MIAMI, FL 33133

Title: DAVP () Delete
Name: SHIFRIN, JUDITH ZIPK, IN
Address: 425 NE 93 ST
City-St-Zip: MIAMI SHORES, FL 33138

Title: DP () Delete
Name: DUBOFF, JOY,
Address: 12160 BEGONIA WAY
City-St-Zip: COOPER CITY, FL 33126

Title: DS () Delete
Name: LEVIN, REBBI,
Address: 1 HARIAN RD
City-St-Zip: PROVIDENCE, RI 02906

Title: DVP () Delete
Name: ZIPKIN, MARSHA,
Address: 7145 DUHILL TERR
City-St-Zip: ATLANTA, GA 30328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: VALERIE JOYCE DUBOFF

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

Date