2007 FOR PROF CORPORATION ANNUAL REPORT

DOCUMENT #F51928

DANTZLER, INC.



Principal Place of Business

7975.N.W. 154TH STREET, SUITE 240 MIAMI LAKES, FL 33016

Mailing Address

7975 N.W. 154TH STREET, SUITE 240 MIAMI LAKES, FL 33016

FILED Secretary of State Feb 15, 2007 08:00 AN



01042007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-0213620

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTIN, NICHOLAS E WICKER SMITH O'HARA MCCOY GRAHAM & FORD PA 2900 MIDDEL ST. MIAMI, FL 33133

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.

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Unniiii0636374 02/26/07-80014-009 150.00

| 10. | OFFICERS AND DIRECTORS | | |
|---------------------------------------|---|----|--------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GODINEZ, ANTONIO D 121 CAPE FLORIDA DRIVE KEY BISCAYNE, FL | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S POTTER, VAUGHN L 10216 NW 52 TERRACE DORAL, FL 33178 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS FERNANDEZ, LUIS J PO BOX 362108, N/A SAN JUAN, PUERTO RICO, 009362108 | DO | NOT WRITE TO |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MOREJON, LINO 1035 PINE BRANCH DRIVE WESTON, FL 33326 | | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-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:

VALUCHNIL . MOTTER