2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2008 08:00 A Secretary of State

ANNUAL REPORT				Apr 17, 2008 08			
1. Entity Na	JMENT # F61564 D'S R.C., INC.				,	Secreta	ary of S
12490 NORTHWEST 7TH AVENUE		Mailing Address P.O. BOX 491 MIAMI, FL 33168-0491 US	1				
,		•		02062008	No Chg-P	CR2E034 (11	116# 616#166# 11 1641
	OO NOT WRITE I	N THIS SPA	CE	4. FEI Number 59-2152	•	\$8.7	Applied For Not Applicable 5 Additional
	6. Name and Address of Current Reg	laborad Alanah	1			Fee R	equired
	, WAYNE E. W 14TH PLACE	stered Agent			NOT W		
the obligation of the obligati	e named entity submits this statement for the ations of registered agent. Signature, hipset or printed name of registered agent and to the state of		d Agent signature required			DATE 0904665 -80021-03	
10.	OFFICERS AND DIRI	I ECTORS	**	* * * * * * * * * * * * * * * * * * * *			*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ARNOLD, WAYNE E			*			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ARNOLD, WAYNE E. 13001 SW 14 PLACE DAVIE, FL 33325						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ada da	IN T	HIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			* 1s				

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:

NAME STREET ADDRESS CITY-ST-ZIP

ANDRE AND TYPED OR BUILDED MANE OF SIGNING VESTIGES OR PURE TOP

02-14-08 954 Date Daytime

954-475-8186 Daytime Phone #