

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90319 013 \*\*\*150.00

**DOCUMENT # H24184**

1. Entity Name

DUFY AMERICA, INC.



Principal Place of Business

10300 NW 19TH ST., STE. 114  
MIAMI FL 33172

Mailing Address

PO BOX 226170  
MIAMI FL 33122

**50039188**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2456750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HENDRY STONER DELANCETT & BROWN, P.A.  
20 N. ORANGE AVENUE  
SUITE 600  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DC ☐ Delete  
NAME HENDRY, ROBERT R.  
STREET ADDRESS 200 E. ROBINSON ST, SUITE 500  
CITY-ST-ZIP ORLANDO FL

TITLE PD ☐ Delete  
NAME GONZALEZ, JOSE  
STREET ADDRESS 10300 NW 19TH STREET, STE #114  
CITY-ST-ZIP MIAMI FL 33172

TITLE TD ☐ Delete  
NAME OTAOLA, LUIS  
STREET ADDRESS 10300 NW 19TH STREET STE. #114  
CITY-ST-ZIP MIAMI FL 33172

TITLE S ☐ Delete  
NAME MOORE, PATRICIA  
STREET ADDRESS 10300 NW 19TH STREET STE #114  
CITY-ST-ZIP MIAMI FL 33172

TITLE V ☐ Delete  
NAME POTASH, JONATHAN  
STREET ADDRESS 10300 NW 19TH STREET STE 114  
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 20 N. ORANGE AVENUE, Suite 600  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Luis Otola, Director/Treasurer* 4/14/05