2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # H76728

1. Entity Name
DUFRY AMERICA SERVICES, INC.

Principal Place of Business	Mailing Address
10300 N.W. 19TH ST. SUITE 114 MIAMI, FL 33172	P.O. BOX 226170 MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE

01122006 | No Chg-P | CR2E034 (11/05)

4. FEI Number
59-2597917
☐ 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, PA
20 N. ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801

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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 _____ DATE
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HENDRY, ROBERT R
STREET ADDRESS	20 N ORANGE AVE, SUITE 600
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	V
NAME	POTASH, JONATHAN
STREET ADDRESS	10300 NW 19 STREET SUITE 114
CITY-ST-ZIP	ORLANDO, FL 33172
TITLE	TD
NAME	OTAOLA, LUIS
STREET ADDRESS	10300 NW 19TH ST SUITE 114
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	S
NAME	MOORE, PATRICIA W
STREET ADDRESS	10300 NW 19 STREET SUITE114
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	PD
NAME	GONZALEZ, JOSE
STREET ADDRESS	10300 NW 19 STREET SUITE114
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	V
NAME	SHILL, JOSEPH G
STREET ADDRESS	10300 NW 19TH ST., STE 114
CITY-ST-ZIP	MIAMI, FL 33172

U00000499304
04/24/06-80025-002 150.00

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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: _____ 3/30/06 305 591 1763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #