

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H76728

FILED
Mar 09, 2009
Secretary of State

Entity Name: DUFY AMERICA SERVICES, INC.

Current Principal Place of Business:

10300 N.W. 19TH ST.
SUITE 114
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 226170
MIAMI, FL 33122

New Mailing Address:

FEI Number: 59-2597917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
SUITE 250
PLANTATION, FL 33324 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: CT CORPORATION

03/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HENDRY, ROBERT R
Address: 20 N ORANGE AVE, SUITE 600
City-St-Zip: ORLANDO, FL 32801

Title: TD () Delete
Name: OTAOLA, LUIS
Address: 10300 NW 19TH ST SUITE 114
City-St-Zip: MIAMI, FL 33172

Title: S () Delete
Name: MOORE, PATRICIA W
Address: 10300 NW 19 STREET SUITE114
City-St-Zip: MIAMI, FL 33172

Title: PD () Delete
Name: GONZALEZ, JOSE
Address: 10300 NW 19 STREET SUITE114
City-St-Zip: MIAMI, FL 33172

Title: V (X) Delete
Name: SHILL, JOSEPH G
Address: 10300 NW 19TH ST., STE 114
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GONZALEZ, JOSE H
Address: 10300 NW 19 STREET, SUITE 114
City-St-Zip: MIAMI, FL 33172

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

Title: SD (X) Change () Addition
Name: MOORE, PATRICIA W
Address: 10300 NW 19 STREET SUITE114
City-St-Zip: MIAMI, FL 33172

Title: V (X) Change () Addition
Name: SHILL, JOSEPH G
Address: 10300 NW 19TH ST., STE 114
City-St-Zip: MIAMI, FL 33172

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: HELEN BORGES, PARALEGAL

PARA

03/09/2009

Electronic Signature of Signing Officer or Director

Date