2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J83921

Entity Name: D.E.R. ENTERPRISES, INC.

FILED Jan 25, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
8130 SW 8 MIAMI, FL	33 ST		·		
Current N	lailing Addres	ss:	New Mailing Addres	New Mailing Address:	
8130 SW 8 MIAMI, FL					
FEI Number	: 59-2833520	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
10689 SW SUITE 312					
	e named entity s e of Florida.	submits this statement for the pu	rpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	nic Signature of Registered Ager	nt	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CD () MARKOFF, DO 8130 SW 83 ST MIAMI, FL 331	Г	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () MARKOFF, ED 8130 SW 83 ST MIAMI, FL 331	Γ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () STEVEN B. DAI 8130 SW 83 ST MIAMI, FL 331	г	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () JUDITH OSPIN, 8130 SW 83 ST MIAMI, FL 331	r´	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MICHAEL A. DA 8130 SW 83 ST MIAMI, FL 331	Γ	Title: Name: Address: City-St-Zip:	() Change () Addition	

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:	DOROTHY MARKOFF	CD	01/25/2008