

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90050 014 ****70.00

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1. Entity Name
PUFF DBRT INC.



Principal Place of Business
**8770 SUNSET DRIVE
#337
MIAMI, FL 33173-3512**

Mailing Address
**8770 SUNSET DRIVE
#337
MIAMI, FL 33173-3512**

2. Principal Place of Business - No P.O. Box #
11829 SW 107 Ter.
Suite, Apt. #, etc.

3. Mailing Address
11829 SW 107 Ter.
Suite, Apt. #, etc.

City & State
Miami, FL
Zip
33186 Country

City & State
Miami, FL
Zip
33186 Country

03102008 Chg-NP CR2E037 (12/06)

4. FEI Number
208316999

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TORRES, CESAR R
8770 SUNSET DRIVE
#337
MIAMI, FL 33173-3512**

7. Name and Address of New Registered Agent

Name **Di Wang**
Street Address (P.O. Box Number is Not Acceptable)
11829 SW 107 Ter.
City **Miami** **FL** Zip Code **33186**

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 **Di Wang** **3/20/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES, CESAR R 8770 SUNSET DRIVE #337 MIAMI, FL 331733512	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUA, LAURIS 8770 SUNSET DRIVE #337 MIAMI, FL 331733512	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WANG, DI 8770 SUNSET DRIVE #337 MIAMI, FL 331733512	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michael Chen 11829 SW 107 Ter. Miami, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marc Applewhite 11829 SW 107 Ter. Miami, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Balazs Vador 11829 SW 107 Ter. Miami, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Marleene Lerman 11829 SW 107 Ter Miami, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: **Di Wang** **3/20/08** **786-256-1601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #