


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90332 019 ****70.00

DOCUMENT # N93000002364 1. Entity Name D-FY-IT, INC.					
Principal Place of Business 16201 S.W. 95 AVE. 205 MIAMI, FL 33186 US			Mailing Address 16201 S.W. 95 AVE. 205 MIAMI, FL 33186 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		City & State		4. FEI Number 65-0454414	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSEFSBERG, MARLENE 13647 DEERING BAY DR. #152 CORAL GABLES, FL 33158				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 <i>Marlene Josefsberg</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				3/24/04 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEFSBERG, MARLENE 13647 DEERING BAY DR. #152 CORAL GABLES, FL 33158		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED ZOHLMAN, BARBARA A 7995 SW 73 PLACE MIAMI, FL 33143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYDEN, H B 18441 NW 2ND AVE. #218 MIAMI, FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hayden, H B 18441 NW 2nd Ave #218 Miami, FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, DAVID 14270 S.W. 73 AVE. MIAMI, FL 33158		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Singer, David 14270 SW 73 Ave Miami, FL 33158	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYS, LISA 14610 SW 64TH COURT MIAMI, FL 33158		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ramiro Hernandez (last name) 7801 SW 162nd Street Miami, FL 33157	
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 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: <i>ABu...</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/24/04 <small>Date</small>		(305) 971-0601 <small>Daytime Phone #</small>

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03102004 Chg-NP CR2E037 (10/03)