

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002364

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: D-FY-IT, INC.

## Current Principal Place of Business:

16201 S.W. 95 AVE.  
205  
MIAMI, FL 33186 US

## New Principal Place of Business:

## Current Mailing Address:

16201 S.W. 95 AVE.  
205  
MIAMI, FL 33186 US

## New Mailing Address:

FEI Number: 65-0454414      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JOSEFSBERG, MARLENE  
13647 DEERING BAY DR. #152  
CORAL GABLES, FL 33158 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JOSEFSBERG, MARLENE  
Address: 13647 DEERING BAY DR. #152  
City-St-Zip: CORAL GABLES, FL 33158

Title: ED ( ) Delete  
Name: ZOHLMAN, BARBARA A  
Address: 7995 SW 73 PLACE  
City-St-Zip: MIAMI, FL 33143

Title: P ( ) Delete  
Name: GAZITUA, RALPH  
Address: 6217 PARADISE POINT DRIVE  
City-St-Zip: MIAMI, FL 33157

Title: S ( ) Delete  
Name: BRIGGS, EDSON  
Address: 201 SOUTH BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33132

Title: T ( ) Delete  
Name: BLANCO, FELIPE  
Address: 1111 BRICKELL AVENUE  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change ( ) Addition  
Name: SHARE, LESLIE  
Address: 1500 SAN REMO AVENUE  
City-St-Zip: MIAMI, FL 33146

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA ZOHLMAN

ED

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date