2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# N93000002364

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:

16201 S.W. 95 AVE.
205
MIAMI, FL 33157 US

Current Mailing Address:

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

New Mailing Address:

16201 S.W. 95 AVE.
205
MIAMI, FL 33157 US

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:	SHARE, LESLIE	
Address:	1500 SAN REMO AVENUE	
City-St-Zip:	MIAMI, FL 33146	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 A ZOHLMAN ED 03/06/2009
Electronic Signature of Signing Officer or Director — Date