

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000049119 1. Entity Name D.F. ENTERPRISES GROUP INC.						FILED 04 DEC 13 PM 2:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7751 W 28 AVE #9 HIALEAH, FL 33016				Mailing Address 14542 N.W. 88 PLACE MIAMI, FL 33018			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-1008540				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DOMINGUEZ, NOEL 14542 N.W. 88 PLACE MIAMI, FL 33018				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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: NOEL Dominguez 11-23-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D DOMINGUEZ, NOEL 14542 N.W. 88 PLACE MIAMI, FL 33018				Change Addition 700042162907 10/25/04--01077--012 **550.00			
D DOMINGUEZ, LIZZIE E 14542 N.W. 88 PLACE MIAMI, FL 33018				Change Addition 700042162907 12/14/04--01003--001 **200.00			
Delete				Change Addition			
Delete				Change Addition			
Delete				Change Addition			
Delete				Change Addition			
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 607, 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: Lizzie Dominguez 10/15/04 (305) 826-3866 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							