

Apr 28, 2008 08
Secretary of State**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000046011

1. Entity Name
D.D.D., INC.

Principal Place of Business

16425 COLLINS AVENUE
UNIT #718
SUNNY ISLES, FL 33160

Mailing Address

16425 COLLINS AVENUE
UNIT #718
SUNNY ISLES, FL 33160

03272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
82-0565329Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**6. Name and Address of Current Registered Agent**AUSTIN, KEITH C JR.
340 ROYAL PALM WAY
SUITE 100
PALM BEACH, FL 33480**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**TITLE PD
NAME MILLET, DELPHINE
STREET ADDRESS 16425 COLLINS AVENUE #718
CITY-ST-ZIP SUNNY ISLES, FL 33160TITLE VSD
NAME MILLET, DAVID
STREET ADDRESS 16425 COLLINS AVENUE #718
CITY-ST-ZIP SUNNY ISLES, FL 33160TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP000000928777
05/21/08-80041-017 150.00**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID MILLET 27 MAR 2008 01144771077146