2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000023186

City-St-Zip:

MIAMI, FL 33179

FILED Apr 22, 2009 Secretary of State

Entity Name: DFASS MANAGEMENT SERVICES, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
555 NE 185 STREET MIAMI, FL 33179				555 NE 185 STREET SUITE 101 MIAMI, FL 33179		
Current Mailing Address:				New Mailing Address:		
555 NE 189 MIAMI, FL				555 NE 185 STREET SUITE 101 MIAMI, FL 33179		
FEI Number:	11-3652939	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MITRANI, ISAAC ONE SOUTHEAST THIRD AVENUE 2200 MIAMI, FL 33131 US The above named entity submits this statement for the purpose of				MITRANI, ISAAC ESQ ONE SOUTHEAST THIRD AVENUE SUITE 2200 MIAMI, FL 33131 US		
in the State		ty submits this statement for the p	ourpose o	r changing its registere	sa office of registered agent, or both,	
SIGNATURE: ISAAC MITRANI				04/22/2009		
Electronic Signature of Registered Agent					Date	
Election Can	npaign Finan	cing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DCEO KLEPACH, 555 NE 185 MIAMI, FL	STREET		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P GARNER, J 555 NE 185 MIAMI, FL	STREET		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ST DHARMAGU 555 NE 185	() Delete JNARATNE, TISSA STREET		Title: Name: Address:	() Change () Addition	

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

City-St-Zip:

SIGNATURE: ALLAN BAKSH CONT 04/22/2009