


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000031869 1. Entity Name D T T INVESTMENT, INC.	
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Principal Place of Business 4550 SW 2ND TERRACE MIAMI, FL 33134	Mailing Address 4550 SW 2ND TERRACE MIAMI, FL 33134
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0075302	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ENRIQUEZ, JULIAN A 4550 SW 2ND TERRACE MIAMI, FL 33134	DO NOT WRITE IN THIS SPACE
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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  (NOTE: Registered Agent signature required when reinstating) DATE 1/5/05

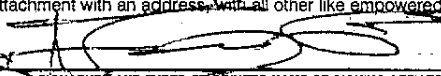
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS ENRIQUEZ, JULIAN A 4550 SW 2ND TERRACE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENRIQUEZ, TERESA 4550 SW 2ND TERRACE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ENRIQUEZ, JULIAN D 5770 SW 6 ST. MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/21/05-80029-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  DATE 1/5/05 DAYTIME PHONE # (305) 213 0285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR