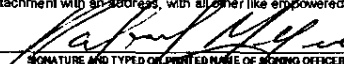


FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90155 037 ***163.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000096140					
1. Entity Name D & F DEVELOPMENT GROUP, CORP.					
Principal Place of Business 7270 NW 12 ST MIAMI, FL 33126			Mailing Address 7270 NW 12 ST MIAMI, FL 33126		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 76-0712414	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				☐ CHECK HERE IF MAKING CHANGES Applied For Not Applicable	
6. Name and Address of Current Registered Agent MEJIA, JOSE D 7270 NW 12 ST MIAMI, FL 33126			7. Name and Address of New Registered Agent Name ARMANDO R MEJIA Street Address (P.O. Box Number is Not Acceptable) 8712 NW 170th Terr City Miami, FL Zip Code FL 33018		
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  DATE _____ (NOTE: Registered Agent's signature required when shipping)					
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	D MEJIA, JOSE D 18740 NW 3 ST PEMBROKE PINES, FL 33029 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	D CANTU, FELIX 7270 NW 12 ST MIAMI, FL 33126 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Armando R Mejia 8712 NW 170th Terr Miami, FL 33018 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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)(1), 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:  Armando R Mejia VP 03/27/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

90066264



CFR2034 (10/02)