


**2007 FOR PROFIT-CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # P02000101749 1. Entity Name DEE V'S INC.	
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Principal Place of Business 10764 SW 190 ST MIAMI, FL 33157	Mailing Address 10764 SW 190 ST MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



04282007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2295558	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

RAMROOP, VISHNU
10764 SW 190TH ST
MIAMI, FL 33157

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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, 2007 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	D SEETARDAM, LISA V 4718 S WIN DRIVE WINSOFT SALEM, NC 27104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, GODFREY 13983 SW 179TH ST MIAMI, FL 33197
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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:  **04/25/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #