2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033168

City-St-Zip:

FILED Feb 13, 2009 Secretary of State

Entity Name: D&THG	DLDINGS OF SOUTH FLORID.	A, INC.		
Current Principal Place of Business:		New Principal Place of Business:		
8712 N.W. 142N LANE MIAMI LAKES, FL 33018	3			
Current Mailing Address:		New Mailing Address:		
8712 NW 142 LANE MIAMI LAKES, FL 33018	3			
FEI Number: 26-4255641	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
PANCHANATHAN, PAR 8712 N.W. 142N LANE MIAMI LAKES, FL 33018				
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title· PVPT () Delete	Title: PR	(X) Change () Addition	

PANCHANATHAN, PARAMESWARI PANCHANATHAN, PARAMESWARI Name: Name: 8712 N.W. 142ND LANE Address: 8712 N.W. 142ND LANE Address: City-St-Zip: MIAMI LAKES, FL 33018 City-St-Zip: MIAMI LAKES, FL 33018 Title: () Delete Title: MGR (X) Change () Addition DOOLEY, WAYNE B DOOLEY, WAYNE B Name: Name: Address: 940 S.E. 5TH STREET Address: 940 S.E. 5TH STREET DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete Name: Name: KHALID, MOHAMMAD Address: Address: 8712 N.W. 142ND LANE

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:

MIAMI, FL 33018

SIGNATURE: MOHAMMAD KHALID VΡ 02/13/2009