

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000043442**

1. Entity Name  
**D GROUP INVESTMENT (FL), INC.**



Principal Place of Business

**P.O. BOX 192336  
SAN JUAN, PR 00919**

Mailing Address

**P.O. BOX 192336  
SAN JUAN, PR 00919**

**DO NOT WRITE IN THIS SPACE**



03102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**66-0625651**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LAW OFFICE OF CARLOS A. ROMERO, JR., P.A.  
3195 PONCE DE LEON BLVD  
SUITE 400  
CORAL GABLES, FL 33134**

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DUBON, JOSE R
STREET ADDRESS	P.O. BOX 192336
CITY- ST- ZIP	SAN JUAN, PR 00919
TITLE	D
NAME	DUBON, MANUEL H
STREET ADDRESS	P.O. BOX 192336
CITY- ST- ZIP	SAN JUAN, PR 00919
TITLE	D
NAME	DUBON, LUIS E III
STREET ADDRESS	P.O. BOX 192336
CITY- ST- ZIP	SAN JUAN, PR 00919
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1100000466917  
03/23/06-80029-016 158.75

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 10, 2006 (787) 758-5959

Date

Daytime Phone