2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000082822**

1. Entity Name DYPRODUCTIONS, INC.



Apr 18, 2008 08:00 Al Secretary of State

Principal Place of Business

2 SOUTH BISCAYNE BLVD

#1742 MIAMI, FL 33131 Mailing Address

2 SOUTH BISCAYNE BLVD

#1742

MIAMI, FL 33131



		ii: BB18: 18118 AB1 18:18 B18 B18E	
01222008	No Chg-P	CR2E034 (11/05)	

DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number Not Applicable 01-0796296

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

FILED

6. Name and Address of Current Registered Agent

LYARUS, DAVID 2 SOUTH BISCAYNE BLVD #1742 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ρ ions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and tible if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FIL After Ma	E NOWI!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			05/05/08-80020-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARUS, DAVID L 2 SOUTH BISCAYNE BLVD #1742 MIAMI, FL 33131				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		,		NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE				" .	

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:

STREET ADDRESS CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR