

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000102867

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: DEUCE MIAMI, INC.

## Current Principal Place of Business:

4811 SW 74TH TERRACE  
MIAMI, FL 33143 US

## New Principal Place of Business:

## Current Mailing Address:

308 ALHAMBRA CIRCLE  
CORAL GABLES, FL 331345004 US

## New Mailing Address:

FEI Number: 03-0528143

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMAS, STEPHANIE  
6060 SW 78TH STREET  
MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

FIGUEROA, MANNY CPA  
308 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: MANNY FIGUEROA

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: THOMAS, STEPHANIE  
Address: 6060 SW 78TH STREET  
City-St-Zip: MIAMI, FL 33143 US

Title: VP ( ) Delete  
Name: VARGAS, PAULETTE  
Address: 4811 SW 74TH TERRACE  
City-St-Zip: MIAMI, FL 33143 US

Title: T ( ) Delete  
Name: VARGAS, PAULETTE  
Address: 4811 SW 78TH STREET  
City-St-Zip: MIAMI, FL 33143 US

Title: S ( ) Delete  
Name: THOMAS, STEPHANIE  
Address: 6060 SW 78TH STREET  
City-St-Zip: MIAMI, FL 33143 US

Title: D ( ) Delete  
Name: THOMAS, STEPHANIE  
Address: 6060 SW 78TH STREET  
City-St-Zip: MIAMI, FL 33143 US

Title: D ( ) Delete  
Name: VARGAS, PAULETTE  
Address: 4811 SW 74TH TERRACE  
City-St-Zip: MIAMI, FL 33143 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: PAULETTE VARGAS

VP

04/20/2009

Electronic Signature of Signing Officer or Director

Date