## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000112988

Entity Name: DDD ENTERPRISES OF MIAMI INC.

FILED May 03, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

109 NE 2ND TERRACE 34 WHITTINGHAM LANE HALLANDALE BEACH, FL 33009 PALM COAST, FL 32164

Current Mailing Address: New Mailing Address:

109 NE 2ND TERRACE 34 WHITTINGHAM LANE HALLANDALE BEACH, FL 33009 PALM COAST, FL 32164

FEI Number: 56-2284851 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DROGO, LINDA M MRS

109 NE 2ND TERRACE
HALLANDALE BEACH, FL 33009 US

DROGO, LINDA M MRS
34 WHITTINGHAM LANE
PALM COAST, FL 32164 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: MRS. LINDA DROGO 05/03/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title:

( ) Delete Title: PS (X) Change ( ) Addition

 Name:
 DROGO, LINDA
 Name:
 DROGO, LINDA

 Address:
 109 NE 2 TERRACE
 Address:
 34 WHITTINGHAM LANE

 City-St-Zip:
 HALLANDALE, FL 33009
 City-St-Zip:
 PALM COAST, FL 32164

 Name:
 DROGO, FRANK
 Name:
 DROGO, FRANK

 Address:
 109 NE 2 TERRACE
 Address:
 34 WHITTINGHAM LANE

 City-St-Zip:
 HALLANDALE, FL 33009
 City-St-Zip:
 PALM COAST, FL 32164

I hereby certify that the information supplied with this filing does not qualify for the 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: MRS. LINDA DROGO PS 05/03/2006