


**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90082 004 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P03000119314**

1. Entity Name  
 DEZER SOUTH ONE, INC.



Principal Place of Business  
 18001 COLLINS AVE.  
 31ST. FLR.  
 SUNNY ISLES BEACH, FL 33160

Mailing Address  
 18001 COLLINS AVE.  
 31ST. FLR.  
 SUNNY ISLES BEACH, FL 33160



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01242008 Chg-P CR2E034 (12/06)

City & State

4. FEI Number  
 77-0162523

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

FIELDSTONE, RONALD R  
 201 ALHAMBRA CIRCLE., SUITE 601  
 CORAL GABLES, FL 33134

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALMON, LESLIE 18101 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Leslie Salmon* **L. Salmon** **4/25/08** **2129291288**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #