2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 10, 2007 8:00 am Secretary of State

DOCUMENT # P03000133672 1. Entity Name DUTCHESS ENTERPRISE CORPORATION					09-10-2007	90001 036 ***15	0.00	
Principal Place of Business Mailing Address			-					
8099 W. 14TH CT. HIALEAH, FL 33014		8099 W . 14TH CT. HIALEAH, FL 33014						
Principal Place of Business - No P.O. Box #		3. Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		08292007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numb		i	pplied For ot Applicable	
Zip Country		Zip	Country		of Status Desired	S8.75 Ad	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New F		 -	
		,	Name					
RODRIGUEZ, JAIME 8099 W. 14TH CT.			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
HIALEAH, FL 33014								
			City			FL Zip Coo	le	
	named entity submits this statement k lions of registered agent.	or the purpose of changing its re	gistered office or req	gistered agent, or bo	th, in the State of Flo	orida. I am familiar with	, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE, R	Registered Agent signature re	equired when reinstating)		DATE		
FIL'E NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	J. 5.00 May Be dded to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND		11.	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR		
TITLE NAME	D RODRIGUEZ, JAIME	☐ Delete	TITLE NAME			☐ Change	Addition Addition	
STREET ADDRESS	8099 W. 14TH CT.		STREET ADDRESS					
CITY-ST-ZIP	HIALEAH, FL 33014		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS	1							
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition	
		☐ Oelete	CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Oelete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y .				
TITLE NAME STREET ADDRESS		Oelete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	, 5.		☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	-		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied wit	Oelete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		Change	· Addition	

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 emorginetes 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: _

ATURE AND THE OB PROCED HAME OF SIGNING OFFICER OR DIRECTOR

8/29/07 Date Dayline Phone