2007 FOR PROFIT CORPORATION

FILED May 21, 2007 8:00 am

ANNUAL REPORT					Secretary of State			
1. Entity Nam	MENT # P0400067 DLBS & SERVICES, INC.	7943			05-21-2007 9	•		
Principal Plac		Mailing Address		' '	4.9			
651 NW 82N #111	ID AVE.	651 NW 82ND AVE. #111		40114	116			
MIAMI, FL 3	3126	MIAMI, FL 33126				ii aa ii a iii ii a	IB (3)() BIBBA ((
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05072007	Chg-P	CR2E03	34 (12/06)	
City & Stat	e	City & State		4. FEI Numbe 75-3154				oplied For
Zip	Country	Zip	Country		of Status Desired		\$8.75 Add	ditional
	Name and Address of Current	Registered Agent		7. Name and	Address of New F		fee Require gent	
ESCAL AN	TE, ERNESTO B	-	- Name -				-	
651 NW 82			Street Add	lress (P.O. Box Numbe	r is Not Acceptable	9)		
#111 MIAMI, FL	33126							
,			City			FL	Zip Cod	le
8. The above	named entity submits this statement for	r the purpose of changing its	registered office or re	egistered agent, or bot	h, in the State of Fi		amiliar with,	and accept
the obligat	ions of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent	and title if negligable (NICT						
		and the mappingable. (NOT	E: Registered Agent signature i	required when reinstating)		DATE		
	#.S.					DATE		
	LE NOW!!! FEE IS \$550.00 ue by September 14, 2007	9. Election Campa Trust Fund Cont	ign Financing	\$5.00 May Be Added to Fees		DATE		······································
	LE NOW!!! FEE IS \$550.00	9. Election Campa Trust Fund Cont	ign Financing	\$5.00 May Be Added to Fees	CHANGES TO OFF		DIRECTOR	S IN 11
10.	LE NOW!!! FEE IS \$550.00 ue by September 14, 2007 OFFICERS AND	9. Election Campa Trust Fund Cont	ign Financing ribution.	\$5.00 May Be Added to Fees	CHANGES TO OFF		DIRECTOR	S IN 11
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12. I hereby certify that the information supplied with this filing closs 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR