

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000076088

1. Entity Name
D & D DELIVERY AND INSTALLATION, INC.



Principal Place of Business
**5237 SW 131 TERR
MIRAMAR, FL 33027**

Mailing Address
**5237 SW 131 TERR
MIRAMAR, FL 33027**



05132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1110060

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARCIA, BERTHA C
1943 SW 8TH STREET
MIAMI, FL 33135**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
GONZALEZ, DALMY
5237 SW 131 TERR
MIRAMAR, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
REIMONDO, DIVIER
5237 SW 131 TERR
MIRAMAR, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
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CITY- ST- ZIP

U000000951406
06/04/08-80033-005 150.00

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IN THIS SPACE**

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: *Divier Reimondo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/08 *(305) 219-3439*
Date Daytime Phone #