

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 06, 2005 8:00 am
Secretary of State

04-27-2005 90295 026 ***150.00

DOCUMENT # P04000121897 1. Entity Name D. FLORIDIAN INVESTMENTS, INC.					
Principal Place of Business 14201 SW 139 COURT MIAMI, FL 33186			Mailing Address 14201 SW 139 COURT MIAMI, FL 33186		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
5. Name and Address of Current Registered Agent SANTOS, MARIA E 13771 SW 38TH STREET MIAMI, FL 33175				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 _____ 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, 2005 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	P		☐ Delete		
NAME	JIMENEZ, DANNY		☐ Change ☐ Addition		
STREET ADDRESS	2451 BRICKELL AVENUE, #18C		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP		
TITLE	VP		☐ Delete		
NAME	SANTOS, MARIA E		☐ Change ☐ Addition		
STREET ADDRESS	13771 SW 38TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE			☐ Delete		
NAME			☐ Change ☐ Addition		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			☐ Delete		
NAME			☐ Change ☐ Addition		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			☐ Delete		
NAME			☐ Change ☐ Addition		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			4/19/05 Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					