
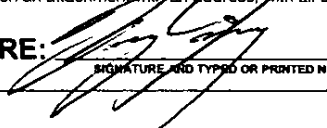


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90042 017 \*\*\*158.75

<b>DOCUMENT # P04000121897</b>					
<b>1. Entity Name</b> D. FLORIDIAN INVESTMENTS, INC.					
<b>Principal Place of Business</b> 14201 SW 139 COURT MIAMI, FL 33186			<b>Mailing Address</b> 14201 SW 139 COURT MIAMI, FL 33186		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-1537387	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SANTOS, MARIA E 13771 SW 38TH STREET MIAMI, FL 33175			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> JIMENEZ, DANNY 2451 BRICKELL AVENUE, #18C MIAMI, FL 33129		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	JIMENEZ, DANNY 12801 SW 83 CT Pinecrest, FL 33157	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> SANTOS, MARIA E 13771 SW 38TH STREET MIAMI, FL 33175		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>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.</b>					
<b>SIGNATURE:</b> 			Danny Jimenez		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/30/7 305-281-0740		