2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000130901

Entity Name: D&EINVESTORS, INC

3070 ALAMANDA ST # G

COCONUT GROVE, FL 33133

Address: City-St-Zip: FILED May 30, 2008 Secretary of State

Littly Nan	ile. D&LINVLS	TORS, INC			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
306 ALCAZ 303	ZAR AVENUE				
	ABLES, FL 33134	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
303	ZAR AVENUE				
CORAL GA	ABLES, FL 33134	US			
FEI Number:	20-1638084 F	El Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
PB&A FINANCIAL SERVICES CORP 174 NE 96 ST MIAMI SHORES, FL 33138 US			DIEGO SIMAN 306 ALCAZAR AVE CORAL GABLES, FL:		
The above in the State		nits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: DIEGO SIMAN				05/30/2008	
	Electronic S	ignature of Registered Age	ent	Date	
Election Can	npaign Financing Tru	st Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Dele SIMAN, DIEGO L 3070 ALAMANDA S' COCONUT GROVE,	Γ#G	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () Dele TRICHE, ERNEST J 8510 SW 103RD AV MIAMI, FL 33173 U	/E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () Dele	ete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DIEGO SIMAN P 05/30/2008