2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State
02-16-2007 90029 003 ***158.75

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1. Entity Name
D&S MINE, INC.

4UU10067

Principal Place of Business	Mailing Address
1234 S. DIXIE HWY. #315 CORAL GABLES, FL 33146 US	1234 S. DIXIE HWY. #315 CORAL GABLES, FL 33146 US

02092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEMPSTER, TED ESQ. 2405 MERIDIAN DR. MIAMI BEACH, FL 33140	Name RUTH BACARDI Street Address (P.O. Box Number is Not Acceptable) 1234 S. DIXIE Hwy. #315 City CORAL GABLES FL Zip Code 33146

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 _____ DATE
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, 2007 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D,P HUNSBERGER, DENNIS 1234 S. DIXIE HWY. #315 CORAL GABLES, FL 33146	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, T DENNIS HUNSBERGER 1234 S. DIXIE HWY #315 CORAL GABLES FL 33146	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,T DEMPSTER, TED 1234 S. DIXIE HWY. #315 CORAL GABLES, FL 33146	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, VP RONALD ZUZIAK 1234 S. DIXIE HWY. #315 CORAL GABLES FL 33146	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,S BACARDI, RUTH 1234 S. DIXIE HWY. #315 CORAL GABLES, FL 33146	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P, S RUTH BACARDI 1234 S. DIXIE HWY. #315 CORAL GABLES FL 33146	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERRY KRIEBLE 1234 S. DIXIE HWY. #315 CORAL GABLES FL 33146	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Ruth Bacardi 2/14/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #