

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000171191 1. Entity Name DITO PRIVATE CLIENT SERVICES, INC.				<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">05 AUG 24 PM 1:26</div> <div style="font-size: 12px; text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 2455 E. SUNRISE BLVD STE 908 FORT LAUDERDALE, FL 33304 US		Mailing Address 19462 NW 23 PLACE PEMBROKE PINES, FL 33029 US			
2. Principal Place of Business 19462 NW 23 PLACE Suite, Apt. #, etc.		3. Mailing Address P.O. Box 31652 Suite, Apt. #, etc.			
City & State PEMBROKE PINES, FL Zip 33029 Country USA		City & State PALM BEACHGARDENS, FL Zip 33420 Country USA		4. FEI Number 20-2055132	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DIAZ, ROBERT E 2455 E. SUNRISE BLVD, STE 908 FORT LAUDERDALE, FL 33304 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABATUE, MANISORN M 2455 E. SUNRISE BLVD, STE 908 FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKBURN, BERNARD W 2455 E. SUNRISE BLVD, STE 908 FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Bernard Blackburn</u> BERNARD BLACKBURN <u>8/23/05</u> <u>954.732.8120</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					