2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

04-26-2006 90195 042 ***150.00

DOCUMENT # P05000007530

1. Entity Name
D & H FOOD AND FUEL INC.

Principal Place of Business	Mailing Address
3950 DAVIE ROAD DAVIE, FL 33314	3950 DAVIE ROAD DAVIE, FL 33314

660106410

02252006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2168694 ☐ 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
DIAZ, DANIEL 3950 DAVIE ROAD DAVIE, FL 33314	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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	DP DIAZ, DANIEL 4274 VINEYARD CIRCLE WESTON, FL 33332	☐ Delete	DP DIAZ, DANIEL 3786 E. Hibiscus St Weston Fl 33332	☑ Change ☐ Addition address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST HERNANDEZ, JULIO 4284 VINEYARD CIRCLE WESTON, FL 33332	☐ Delete	DST Hernandez Julio 19163 Crystal St Weston Fl 33332	☑ Change ☐ Addition address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: [signature] 4-24-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #