

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000013749

Entity Name: DIP & FAMILIES SERVICES, INC.

FILED
Jan 26, 2007
Secretary of State

Current Principal Place of Business:

5599 SW 8TH ST
MIAMI, FL 33134

New Principal Place of Business:

8330 SW 25 ST
MIAMI, FL 33155

Current Mailing Address:

5599 SW 8TH ST
MIAMI, FL 33134

New Mailing Address:

5860 SW 8TH ST #2
MIAMI, FL 33144

FEI Number: 20-2247242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, MAYROB
5599 SW 8TH ST
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

MARTINEZ, MAIDA C
5860 SW 8TH ST #2
MIAMI, FL 33144 US

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.

SIGNATURE: MAIDA C MARTINEZ

01/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: GARCIA, MAYROB
Address: 5599 SW 8TH ST
City-St-Zip: MIAMI, FL 33134

Title: VP/D () Delete
Name: ISIDRO, PANEQUE I
Address: 5599 SW 8TH ST
City-St-Zip: MIAMI, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: GARCIA, MAYROB
Address: 8330 SW 25 ST
City-St-Zip: MIAMI, FL 33155

Title: VP/D (X) Change () Addition
Name: ISIDRO, PANEQUE I
Address: 8330 SW 25 ST
City-St-Zip: MIAMI, FL 33155

Title: S/D () Change (X) Addition
Name: MARTINEZ, MAIDA C
Address: 5860 SW 8TH ST #2
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MAYROB GARCIA

PD

01/26/2007

Electronic Signature of Signing Officer or Director

Date