2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2006 8:00 am Secretary of State

DOCUMENT # P05000017783 1. Entity Name DFB2314/16, INC.								05-03-2006 90248 016 ***150.00				
Principal Plac C/O BORIS R 150 S.E. 2NI MIAMI, FL 3	OSEN, CPA D AVE STE 1 3131	C/O BI 150 S MIAMI	Mailing Address C/O BORIS ROSEN, CPA 150 S.E. 2ND AVE STE 1200 MIAMI, FL 33131									
2. Principal P 1001 BF			3. Mailing Address 1001 BRICKELL BAY DRIVE									
Suite, Apt. 1400	#, etc.	Suite. 1400	Suite, Apt. #, etc. 1400			04192006	Chg-P	CR2E0	34 (11/05)			
City & Stat			City & State				4. FEI Number 20-240	er 05547	, .		oplied For	
Zip 33131		Country USA	Zip 3313		Coun	try			of Status Desired		\$8.75 Add	ditional
	6. Name	and Address of Current						7. Name and	Address of New F	Registered		
MULLIN, TERRANCE J ESQ 3059 GRAND AVE STE 340 MIAMI, FL 33133						Name ROSEN BORIS Street Address (P.O. Box Number is Not Acceptable)						
·									L BAY DRIV	E STE	1400 Zip Cod	
The above named entity submits his statement for the purpose of changing its registered						, , <u>,</u>	MLAMI		th in the State of El	FL	- 3313	3 1
	tions of regist	ered agent.	1.7	be by Crianging its	iogistare	o onice o	i iogistei	eo agent, or bo	in, in the State of Fi			and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
	Signature, typeu	ur printed name of registered agen	and the ir applic	able. (NO)	E: Hegistere	d Agent signat	(ure required	when reinstating)		DATE		
		FEE IS \$150.00 6 Fee will be \$550.	ľ	Election Campa Trust Fund Cont		ncing	\$5. Add	.00 May Be ed to Fees				
10.	·	OFFICERS AND	DIRECTOR	S	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE NAME	D CHILLANA	OT, ANDRES		Delete	TITLE		D CTTTT	T 43407D A	MDDEC		Change	☐ Addition
STREET ADDRESS	ŀ	ND AVE STE 1200			NAM: STRE	et address	1001	LAMOT, A BRICKE	INDKES LL BAY DRI	VE ST	3 1400	
CITY-ST-ZIP	MIAMI, FL	33131			CITY	-ST-ZIP	MIAM	u, fl 3	3131			
TITLE NAME				☐ Delete	TITLE						☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - St - Zip						
HILE				☐ Detete	THILE		 				☐ Change	Addition
NAME	I				NAM		1					

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

changed, or on an atta	chment with an address, wi	th all other like empowered.	,	
SIGNATURE:	My ly 1	ANDRES GUILLAMOT	4.20	4-06305 374-2006
	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #