

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2006 8:00 am
Secretary of State

09-15-2006 90004 007 ***158.75

DOCUMENT # P05000023820 1. Entity Name D & L INTERNATIONAL, INC.			
Principal Place of Business 4160 INVERRARY DRIVE UNIT 111 LAUDERHILL, FL 33319		Mailing Address 4160 INVERRARY DRIVE UNIT 111 LAUDERHILL, FL 33319	
2. Principal Place of Business 2700 B North State Rd 7 Suite, Apt. #, etc. B		3. Mailing Address 2700 B North State Rd 7 Suite, Apt. #, etc. B	
City & State Lauderdale Lakes Fl.		City & State Lauderdale Lakes Fl	
Zip 33312		Zip 33312	
Country United States		Country United States	
4. FEI Number 202337830		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOORDEEN, LOUISE 4160 INVERRARY DRIVE UNIT 111 LAUDERHILL, FL 33319		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GOORDEEN, LOUISE 4160 INVERRARY DRIVE UNIT 111 LAUDERHILL, FL 33319	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: Louise Goordeen		Date: Sept 11th 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 954 661-0724	