

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90014 042 ***158.75

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1. Entity Name
DUFFY FLORIDA, INC.

Principal Place of Business
10300 N.W. 19TH STREET
SUITE 114
MIAMI, FL 33172

Mailing Address
20 N. ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801

40049053



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 226170
Suite, Apt. #, etc.

01052007 Chg-P CR2E034 (12/06)

City & State
Miami, Florida

4. FEI Number
20-2660886
Applied For
Not Applicable

Zip Country
33122 USA

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

~~HENDRY, STONER, DELANCEY & BROWN, P.A.~~
20 N. ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801

Name
Hendry, Stoner, Calandrino & Brown, P.A.

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]* AS President 1/5/07
Signature required or limited name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 D
NAME GONZALEZ, JOSE
STREET ADDRESS 10300 NW 19TH STREET, SUITE 114
CITY-ST-ZIP MIAMI, FL 33172 ☐ Delete

TITLE ~~D~~
NAME ~~OTAOLA, LUIS~~
STREET ADDRESS ~~10300 NW 19TH STREET, SUITE 114~~
CITY-ST-ZIP ~~MIAMI, FL 33172~~ ☒ Delete

TITLE V
NAME ~~POTASH, JONATHAN~~
STREET ADDRESS ~~10300 NW 19TH ST STE 114~~
CITY-ST-ZIP ~~MIAMI, FL 33172~~ ☒ Delete

TITLE S
NAME MOORE, PATRICIA
STREET ADDRESS 10300 NW 19TH ST STE 114
CITY-ST-ZIP MIAMI, FL 33172 ☐ Delete

TITLE TD
NAME OTAOLA, LUIS
STREET ADDRESS 10300 NW 19TH ST STE 114
CITY-ST-ZIP MIAMI, FL 33172 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE SVP
NAME Bernd R. Hoeller
STREET ADDRESS 10300 NW 19th Street, Suite 114
CITY-ST-ZIP Miami, FL 33172 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/07
Date

Daytime Phone #