2006 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 24, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P05000053036 04-24-2006 90351 011 ***150.00 D & D SUPPLIES AND SERVICE, INC. Principal Place of Business Mailing Address 7305 SW 18TH STREET RD 7305 SW 18TH STREET RD MIAMI, FL 33155--152 US MIAMI, FL 33155 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03042006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-2652015 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MELENDEZ VEGA: LLC 9010 SW 137 AVE Street Address (P.O. Box Number is Not Acceptable) SUITE 225 MIAMI, FL 33186 Zip Code City FL 8. The above named exity 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 of 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 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DASILVA, NUZBIS TITLE ☐ Delete TITLE Addition Change DA SILVA, DANNY I NAME NAME 7305 SW IBTH ST STREET ADDRESS 7305 SW 18TH STREET RD STREET ADDRESS MIAMI, FL 33155 CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME CAMACHO, DAVID E NAME STREET ADDRESS 7305 SW 18TH STREET RD STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition TIMAURE, JESUS A NAME NAME STREET ADDRESS 501 KNIGHT LAND CT STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED