2007 FOR PROFIT CORPORATION

May 01, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P05000054530** DOSOLI D&F, INC. Principal Place of Business Mailing Address 14298 NORTHWEST 18TH MANOR 14298 NORTHWEST 18TH MANOR PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33028 02122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-4297164 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OLIVO, FERNANDO A DO NOT WRITE 14298 NW 18TH MANOR MIAMI, FL 33145 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U00000753994 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. 05/22/07-80045-003 150.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME OLIVO, FERNANDO A STREET ADDRESS 14298 NORTHWEST 18TH MANOR PEMBROKE PINES, FL 33028 CITY-ST-ZIP VSD TITLE OLIVO, DULCE M NAME STREET ADDRESS 14298 NORTHWEST 18TH MANOR PEMBROKE PINES, FL 33028 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE FITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME

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 principles of the 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 th all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED