


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90055 005 \*\*\*150.00

**DOCUMENT # P05000054530**

1. Entity Name  
**DOSOLI D&F, INC.**



Principal Place of Business  
**14298 NORTHWEST 18TH MANOR  
 PEMBROKE PINES, FL 33028**

Mailing Address  
**14298 NORTHWEST 18TH MANOR  
 PEMBROKE PINES, FL 33028**

**DO NOT WRITE IN THIS SPACE**



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>13-4297164</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**OLIVO, FERNANDO A  
 14298 NW 18TH MANOR  
 MIAMI, FL 33145**

**DO NOT WRITE 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD OLIVO, FERNANDO A 14298 NORTHWEST 18TH MANOR PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD OLIVO, DULCE M 14298 NORTHWEST 18TH MANOR PEMBROKE PINES, FL 33028
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**DO NOT WRITE IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/30/2008 Daytime Phone #: 954-471-8110