

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063336

FILED  
Mar 07, 2009  
Secretary of State

Entity Name: DP ADVISORS GROUP, INC.

## Current Principal Place of Business:

1900 NW97TH AVENUE  
SUITE051-512446  
MIAMI, FL 33172

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 14-3168  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 20-2772352

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POLENGHI, DIEGO Y  
1900 NW 97TH AVE  
SUITE051-512446  
MIAMI, FL 33172 US

## Name and Address of New Registered Agent:

POLENGHI, DIEGO Y  
301 W ENID DRIVE  
KEY BISCAYNE, FL 33149 US

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.

SIGNATURE: DIEGO POLENGHI

03/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: POLENGHI, DIEGO Y  
Address: 1900 N 97TH AVENUE SUITE051-512446  
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete  
Name: POENGLI, MARIA C  
Address: 1900 NW 97TH AVENUE SUITE051-512446  
City-St-Zip: MIAMI, FL 33172

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: POLENGHI, DIEGO Y  
Address: 301 W ENID DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D (X) Change ( ) Addition  
Name: POENGLI, MARIA C  
Address: 301 W ENID DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIEGO POLENGHI

PD

03/07/2009

Electronic Signature of Signing Officer or Director

Date