

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090730

FILED  
May 03, 2007  
Secretary of State

Entity Name: DF PROFESSIONAL SEVICES, CORP.

## Current Principal Place of Business:

5524 N.W. EAST TORINO PKWY  
SUITE 207  
PORT ST. LUCIE, FL 34986 US

## Current Mailing Address:

5524 N.W. EAST TORINO PKWY  
SUITE 207  
PORT ST. LUCIE, FL 34986 US

## New Principal Place of Business:

5540 N.W. EAST TORINO PKWY  
SUITE 301  
PORT ST. LUCIE, FL 34986 US

## New Mailing Address:

5540 N.W. EAST TORINO PKWY  
SUITE 301  
PORT ST. LUCIE, FL 34986 US

FEI Number: 20-3059130

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAXPLACE, CORP.  
2721 S. US 1 SUITE 9  
FORT PIERCE, FL 34982 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MASCARENHAS, DANIELLE F  
Address: 5524 N.W. EAST TORINO PKWY, SUITE 207  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: D ( ) Delete  
Name: PONTES, FRANK V  
Address: 5524 N.W. EAST TORINO PKWY, SUITE 207  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MASCARENHAS, DANIELLE F  
Address: 5540 N.W. EAST TORINO PKWY, SUITE 301  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: D (X) Change ( ) Addition  
Name: PONTES, FRANK V  
Address: 5540 N.W. EAST TORINO PKWY, SUITE 301  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

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: DANIELLE F MASCARENHAS

D

05/03/2007

Electronic Signature of Signing Officer or Director

Date