


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90024 019 \*\*\*150.00

<b>DOCUMENT # P05000093150</b> 1. Entity Name <b>DB LAND INVESTMENTS, INC.</b>					
Principal Place of Business <b>1680 MICHIGAN AVE. SUITE 1016 MIAMI BEACH, FL 33139</b>			Mailing Address <b>1680 MICHIGAN AVE SUITE 1016 MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business - No P.O. Box # <b>1120 NE 87th ST.</b>		3. Mailing Address Suite, Apt. #, etc. City & State <b>MIAMI</b> Zip <b>33138</b> Country			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>35-2258578</b>	
City & State <b>MIAMI</b>		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33138</b> Country		Zip Country		6. Name and Address of Current Registered Agent <b>REINHARD, SANFORD N SANFORD N. REINHARD, P.A. 2875 NE 191 ST #404 AVENTURA, FL 33180</b>	
7. Name and Address of New Registered Agent Name <b>DANNY BORRERO JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>1120 NE 87th ST.</b> City <b>MIAMI</b> FL Zip <b>33138</b>		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 <u><i>Daniel Borrero</i></u> 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 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS BORRERO, DANIEL JR 175 PARK AVE BROOKLYN, NY 11205</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT BORRERO, DAVID 175 PARK AVE BROOKLYN, NY 11205</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <span style="float: right;">4/22/08</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					