2008 FOR PROFIT CORPORATION ANNUAL REPORT (AB)

FILED Mar 05, 2008 08:00 Al DOCUMENT # P05000093601 1. Entity Name **Secretary of State** D&E ACQUISITIONS, INC. Principal Place of Business Mailing Address 13481 SW 29TH STREET 13481 SW 29TH STREET MIRAMAR FL 33027 MIRAMAR FL 33027 2. Principal Place of Business - No P.G. Box # 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 83-0433295 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHUNG, DWAYNE A Street Address (P.O. Box Number is Not Acceptable) **13481 SW 29TH STREET** MIRAMAR FL 33027 8. The above named A tily 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 istered agent. med 3, 2008 SIGNATURE /NOTE_Registikled Agent signatum required when reinstatings FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D, P Addition TITLE Derete TITEF 000000847223 CHUNG, DWAYNE A NAME NAME 03/19/08-80011-019 150.00 STREET ADDRESS 13481 SW 29TH STREET STREET ADORESS CITY-ST-ZIP MIRAMAR FL 33027 CITY-ST-ZIP D,VP Derete ☐ Change Addition TITLE CHUNG, ERICA S NAME NAME STREET ADDRESS STREET ADDRESS 13481 SW 29TH STREET OffY-ST-212 MIRAMAR FL 33027 CITY - ST- ZIP mle Delete IIILE Change Addition ... NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7P Change TITLE ☐ De ele TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-2IP TITLE ☐ Derete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

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