


150

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000168250		
1. Entity Name D D & C FINANCIAL INVESTMENTS CORPORATION		

FILED
06 MAY 11 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 11500 QUAIL ROOST DRIVE MIAMI, FL 33157	Mailing Address 11500 QUAIL ROOST DRIVE MIAMI, FL 33157
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04262006 Chg-P CR2E034 (11/05)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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BENITEZ, ORLANDO 11500 QUAIL ROOST DRIVE MIAMI, FL 33157	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS BENITEZ, ORLANDO 11500 QUAIL ROOST DRIVE MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENITEZ, ORLANDO 11500 QUAIL ROOST DRIVE MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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05/31/06--01010--017 **350.00

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: Orlando Benitez 4/28/06 305-266-2428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #