


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

04-30-2007 90797 001 ***300.00
08-13-2007 90020 028 ***150.00

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|---|--|--|---|--|--|
| DOCUMENT # P05000168250 1. Entity Name D D & C FINANCIAL INVESTMENTS CORPORATION | | | |  | |
| Principal Place of Business 11500 QUAIL ROOST DRIVE MIAMI, FL 33157 | | | Mailing Address 11500 QUAIL ROOST DRIVE MIAMI, FL 33157 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 20-8829831 Applied For APPLIED FOR Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 07312007 Chg-P CR2E034 (12/06) | | | |
| 6. Name and Address of Current Registered Agent BENITEZ, ORLANDO 11500 QUAIL ROOST DRIVE MIAMI, FL 33157 | | | 7. Name and Address of New Registered Agent 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 requires when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 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 | | | |
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| 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 Date: 8-6-07 Daytime Phone: (305) 266-2408 | | |