2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# P06000063388

Entity Name: D GROUP ACQUISITION ONE (FL), INC.

Current Principal Place of Business:

3195 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33134

New Principal Place of Business:

C/O POST & ROMERO
3195 PONCE DE LEON BLVD. SUITE 400
CORAL GABLES, FL 33134

Current Mailing Address:

3195 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33134

New Mailing Address:

C/O POST & ROMERO
3195 PONCE DE LEON BLVD. SUITE 400
CORAL GABLES, FL 33134

FEI Number: 43-2108344 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAW OFFICE OF CARLOS A. ROMERO, JR., P.A.
3195 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: OLIVERA, MYRTA D
Address: 255 PONCE DE LEON AVENUE #1400
City-St-Zip: HATO REY, PR 00919

Title: D ( ) Delete
Name: DUBON, DESIREE M
Address: 255 PONCE DE LEON AVENUE #1400
City-St-Zip: HATO REY, PR 00919

Title: D ( ) Delete
Name: DUBON, MANUEL H
Address: 255 PONCE DE LEON AVENUE #1400
City-St-Zip: HATO REY, PR 00919

Title: D ( ) Delete
Name: DUBON, JOSE R
Address: 255 PONCE DE LEON AVENUE #1400
City-St-Zip: HATO REY, PR 00919

Title: D ( ) Delete
Name: DUBON, LUIS E III
Address: 255 PONCE DE LEON AVENUE #1400
City-St-Zip: HATO REY, PR 00919

Title: D ( ) Delete
Name: DUBON-SIMS, MARILYN C
Address: 255 PONCE DE LEON AVENUE #1400
City-St-Zip: HATO REY, PR 00919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSE R DUBON D 01/04/2007

Electronic Signature of Signing Officer or Director — Date