2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: __

FILED Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90198 017 ***150.00

1. Entity Nam	e	# P06000123 DNER, P.A.		i						
Principal Place 847 SAN CAR ST. PETERSB	RLOS AVENU	JE N.E.	Mailing Address 847 SAN CARLOS AVE ST. PETERSBURG, FL			II 88II1 8IIII 88III 88II 88	a l hafa hada haal t		 	
2. Principal P	lace of Busin	ness - No PO Box#	3. Mailing Address							
Suite, Apt #, etc			Suite, Apt #, etc			01122007	Chg-P	CR2E034	(12/06)	
City & State			City & State			4. FEI Numb	683-046	5587	→	plied For t Applicable
Zip	Country		Zip Country		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
	ÁRLOS A	VENUĘ N.E.			Street Address (P.O. Box Number is Not Acceptable)					
ST. PETERSBURG, FL 33702										
•				City			FL	Zip Code	e	
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 Signature: typed or printed name of registered agent and attent applicable (NOTE: Registered Agent signature required when reinstating) DATE										
		FEE IS \$150.00 7 Fee will be \$550.	9. Election Camp: 00 Trust Fund Cor	-		5.00 May Be ded to Fees				
10.	1-=-	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFF			
NAME STREET ADDRESS CITY-ST-ZIP	847 SAN	R, MERRITT A CARLOS AVENUE N.E RSBURG, FL 33702	□ Delete		_	F 185			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition
12. I hereby of indicated of the correctanged	certify that the lon this reporporation or the or on an atta	e information supplied with a consumption of the co	h this filing does not qualify is true and accurate and that bowered to execute this repor with all other like empowered	for the ex my signa rt as requ d	emptions containe iture shall have the ired by Chapter 60	ed in Chapter 11 same legal effe 7. Florida Statut	9. Florida Statutes I ct as if made under es; and that my nam	further certify to bath; that I am a e appears in Bk	hat the in In officer ock 10 or	nformation or director Block 11 if