2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000129080

DIXON, GENORI

P.O. BOX 680811

MIAMI, FL 33168 US

Name:

Address:

City-St-Zip:

FILED Feb 27, 2008 Secretary of State

Entity Name: D & D LAUNDRY EQUIPMENT INC.					
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
2425 NW 140 ST MIAMI, FL 33054 US			430 NE 191ST STR MIAMI, FL 33179	430 NE 191ST STREET MIAMI, FL 33179 US	
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
P.O. BOX MIAMI, FL					
FEI Number:	: 20-3257086	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
DIXON, MICHAEL 2425 NW 140 ST OPA LOCKA, FL 33054 US			DIXON, MICHAEL 430 NE 191ST STF MIAMI, FL 33179	430 NE 191ST STREET	
	named entity se of Florida.	submits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE:				02/27/2008	
	Electron	ic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P/D () DIXON, MICHAI P.O. BOX 680 MIAMI, FL 331	811	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () DIXON, MICHAI P.O. BOX 680 MIAMI, FL 331	811	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP/D () DIXON, GENOR P.O. BOX 680 MIAMI, FL 331	811	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL DIXON **PRES** 02/27/2008