

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000137492

FILED
Jun 20, 2008
Secretary of State

Entity Name: DF TECHNOLOGY CABLING & COMPUTER, INC.

Current Principal Place of Business:

12355 NE 13TH AVE #200
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

12355 NE 13TH AVE #200
MIAMI, FL 33161

New Mailing Address:

FEI Number: 20-5812161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAURISSIN, FRANTZ
12355 NE 13TH AVE #200
MIAMI, FL 33161 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: PD () Delete
Name: MAURISSIN, FRANTZ
Address: 12355 NE 13TH AVE #200
City-St-Zip: MIAMI, FL 33161

Title: VD () Delete
Name: DORVIL, FRANTZ TH
Address: 12355 NE 13TH AVE #200
City-St-Zip: MIAMI, FL 33161

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TR () Change (X) Addition
Name: LECONTE, SCHILLER
Address: 17001 NE 9TH AVE APT 14 B
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: SE () Change (X) Addition
Name: CLERMONT, JEAN ORVIL
Address: 142 E RIVERBEND DR
City-St-Zip: SUNRISE, FL 33326 US

Title: MA () Change (X) Addition
Name: ALCIME, DIEUNEL
Address: 16265 NE 8TH CT
City-St-Zip: MIAMI, FL 33162 US

Title: ASE () Change (X) Addition
Name: CHARLES, PIERRE MARIE
Address: 6121 NW GINGER LN
City-St-Zip: PORT ST LUCIE, FL 34986

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.

SIGNATURE: FRANTZ MAURISSIN

PD

06/20/2008

Electronic Signature of Signing Officer or Director

Date