

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000089726

Entity Name: DUCLAUD & DUCLAUD, INC.

FILED  
Feb 24, 2008  
Secretary of State

## Current Principal Place of Business:

5701 NW 112 AVENUE  
APT. 113  
MIAMI, FL 33178

## New Principal Place of Business:

9975 N.W 46 STREET  
SUITE 205  
DORAL, FL 33178

## Current Mailing Address:

5701 NW 112 AVENUE  
APT. 113  
MIAMI, FL 33178

## New Mailing Address:

9975 N.W 46 STREET  
SUITE 205  
DORAL, FL 33178

FEI Number: 38-3762459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMEKE MATEOS, ROBERTO  
5701 NW 112 AVENUE  
APT 113  
MIAMI, FLORIDA, FL 33178 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: P ( ) Delete  
Name: SMEKE MATEOS, ROBERTO  
Address: 5701 NW 112 AVENUE APT 113  
City-St-Zip: MIAMI, FL 33178

Title: VP ( ) Delete  
Name: DUCLAUD, LILIANA  
Address: 5701 NW 112 AVENUE APT 113  
City-St-Zip: MIAMI, FL 33178

Title: SEC ( ) Delete  
Name: CESTELLOS, SALVADOR  
Address: 5701 NW 112 AVENUE APT 113  
City-St-Zip: MIAMI, FL 33178

Title: T ( ) Delete  
Name: DUCLAUD, PATRICIA  
Address: 5701 NW 112 AVENUE APT 113  
City-St-Zip: MIAMI, FL 33178

## 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:

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: ROBERTO SMEKE MATEOS

P

02/24/2008

Electronic Signature of Signing Officer or Director

Date