

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000098510

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** D&P OF MIAMI CORP.

**Current Principal Place of Business:**

1530 NW 7 AVENUE  
MIAMI, FL 33136 US

**New Principal Place of Business:**

11537 NW 27TH AVE  
MIAMI, FL 33167 US

**Current Mailing Address:**

1530 NW 7 AVENUE  
MIAMI, FL 33136 US

**New Mailing Address:**

**FEI Number:** 26-0837685      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PORTO, EMIL A  
717 PONCE DE LEON BLVD  
#326  
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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PORTO, EMIL A  
**Address:** 717 PONCE DE LEON BLVD #326  
**City-St-Zip:** MIAMI, FL 33167 US

**Title:** VP  
**Name:** DIAZ, PLACIDO  
**Address:** 717 PONCE DE LEON BLVD #326  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** S  
**Name:** DIAZ, PLACIDO  
**Address:** 717 PONCE DE LEON BLVD #326  
**City-St-Zip:** CORAL GABLES, FL 33134 US

I hereby 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 all other like empowered.

**SIGNATURE:** EMIL A PORTO

P

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date