

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P07000112551</b> 1. Entity Name <b>DUBROS INTERNACIONAL SA CORP</b>						<b>FILED</b>  <b>2008 AUG 19 AM 11:42</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1756 NORTH BAY SHORE DRIVE, UNIT #27 F</b> <b>BAYPARK PLAZA</b> <b>MIAMI, FL 33132</b>				Mailing Address <b>1756 NORTH BAY SHORE DRIVE, UNIT #27 F</b> <b>BAYPARK PLAZA</b> <b>MIAMI, FL 33132</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07232008 Chg-P CR2E034 (12/06) <b>08</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BRISTAN, JORGE</b> <b>1756 NORTH BAY SHORE DRIVE, UNIT #27 F</b> <b>BAYPARK PLAZA</b> <b>MIAMI, FL 33132</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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: <u><i>Jorge Bristan</i></u> <span style="float: right;">8-1-08</span> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLASONI, FRANCISCO			NAME	<b>800135284868</b>		
STREET ADDRESS	1756 NORTH BAY SHORE DRIVE, UNIT #27 F			STREET ADDRESS	<b>09/03/08--01013--010 **\$150.00</b>		
CITY-ST-ZIP	MIAMI, FL 33132			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRISTAN, JORGE			NAME			
STREET ADDRESS	1756 NORTH BAY SHORE DRIVE, UNIT #27 F			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33132			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Jorge Bristan</i></u>				8-1-08			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			