

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000005825

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: DOLCE ENTERTAINMENT, INC.

## Current Principal Place of Business:

5750 COLLINS AVENUE  
5C  
MIAMI BEACH, FL 33141

## Current Mailing Address:

5750 COLLINS AVENUE  
5C  
MIAMI BEACH, FL 33141

## New Principal Place of Business:

5750 COLLINS AVENUE  
7C  
MIAMI BEACH, FL 33141

## New Mailing Address:

5750 COLLINS AVENUE  
7C  
MIAMI BEACH, FL 33141

FEI Number: 26-1761530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DI SANTO, MARCELA  
5750 COLLINS AVENUE  
5C  
MIAMI BEACH, FL 33141 US

## Name and Address of New Registered Agent:

DI SANTO, MARCELA  
5750 COLLINS AVENUE  
7C  
MIAMI BEACH, FL 33141 US

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:

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DI SANTO, MARCELA  
Address: 5750 COLLINS AVENUE, 5C  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: VP ( ) Delete  
Name: MONESTIME, CARL  
Address: 1814 NE MIAMI GARDENS DRIVE, #1106  
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DI SANTO, MARCELA  
Address: 5750 COLLINS AVENUE, 7C  
City-St-Zip: MIAMI BEACH, FL 33141 US

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: CARL MONESTIME

VP

04/15/2009

Electronic Signature of Signing Officer or Director

Date