## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000015365

Address:

City-St-Zip:

Entity Name: DRER BROKERAGE FIRM, INC.

FILED May 04, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 130 NW 103 ST MIAMI SHORES, FL 33150 **Current Mailing Address: New Mailing Address:** 130 NW 103 ST MIAMI SHORES, FL 33150 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ESPINOZA, RODOLFO 130 NW 103 ST MIAMI SHORES, FL 33150 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition CUESTA, ROBERTO Name: Name: ESPINOZA, RODOLFO 5951 SW 157 PL 130 NW 103 ST Address: Address: City-St-Zip: MIAMI, FL 33193 City-St-Zip: MIAMI SHORES, FL 33150 Title: PD Title: (X) Delete () Change () Addition ESPINOZA, RODOLFO Name: Name: 130 NW 103 ST Address: Address: MIAMI SHORES, FL 33150 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition REGO, DONIS Name: Name: 7180 N AGUSTA DR Address: Address: City-St-Zip: MIAMI, FL 33015 City-St-Zip: Title: **VPD** (X) Delete Title: () Change () Addition EVERHART, EMORY A Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: RODOLFO ESPINOZA PD 05/04/2009

2307 WASHINGTON STREET, UNIT 1

HOLLYWOOD, FL 33020