

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000083677**

1. Entity Name  
D.D.I. OF SOUTH FLORIDA, INC.



Principal Place of Business  
1222 NE 4TH AVE  
FT LAUDERDALE, FL 33304 US

Mailing Address  
1222 NE 4TH AVE  
FT LAUDERDALE, FL 33304 US



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0593926

Applied For  
Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LABOSSILAH, MARC  
1222 N.E. 4TH AVE  
FT LAUDERDALE, FL 33304

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	NICOL, MICHEL
STREET ADDRESS	1222 NE 4TH AVE
CITY - ST - ZIP	FT LAUDERDALE, FL
TITLE	D
NAME	BEAULAC, ANDRE
STREET ADDRESS	1222 NE 4TH AVE
CITY - ST - ZIP	FT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000291240  
04/07/05-80023-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

*[Signature]* MICHEL NICOL 4.3.05 954-966-131