

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90064 023 ***158.75

DOCUMENT # P96000051370

1. Entity Name
DOBLE FF INVESTMENTS, INC.



60053828



Principal Place of Business
**C/O ROZENCWAIG, NADEL & FERRERO-CARR, LLP
301 HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009**

Mailing Address
**C/O ROZENCWAIG, NADEL & FERRERO-CARR, LLP
301 HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009**

2. Principal Place of Business - No P.O. Box #
2990 NW 24th

3. Mailing Address
2990 NW 24th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07242007 Chg-P CR2E034 (12/06)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0686794

Applied For
Not Applicable

Zip
33142

Country
US

Zip
33142

Country
US

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

6. Name and Address of Current Registered Agent

**ROZENCWAIG, NADEL & FERRERO-CARR, LLP
301 WEST HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
FLORES, DANNY
2990 NW 24TH ST
MIAMI, FL 33142** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
FLORES, HECTOR
2990 NW 24TH ST
MIAMI, FL 33142** ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-24-07 (315) 634-6865