2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# P96000062367

Entity Name: DTT63, CORP.

Current Principal Place of Business:

7845 NW 57TH STREET
DORAL, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

7845 NW 57TH STREET
DORAL, FL 33166 US

New Mailing Address:

FEI Number: 65-1110615 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONVECCHIO, ALAIN M
7845 NW 57TH STREET
DORAL, FL 33166 US

Name and Address of New Registered Agent:

BONVECCHIO, ADOLFO
7845 NW 57TH STREET
DORAL, FL 33166 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: ADOLFO BONVECCHIO 04/10/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BONVECCHIO, ALAIN M
Address: 7845 NW 57TH STREET
City-St-Zip: MIAMI, FL 33166

Title: VP ( ) Delete
Name: BONVECCHIO, ALAIN C
Address: 7845 NW 57TH STREET
City-St-Zip: MIAMI, FL 33166

Title: TS ( ) Delete
Name: BONVECCHIO C., ADOLFO H
Address: 7845 NW 57TH STREET
City-St-Zip: MIAMI, FL 33166

Title: S (X) Delete
Name: BONVECCHIO C., ARIANNE B
Address: 7845 NW 57TH STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BONVECCHIO, ADOLFO
Address: 7845 NW 57TH STREET
City-St-Zip: MIAMI, FL 33166

Title: VPD (X) Change ( ) Addition
Name: BONVECCHIO, ALAIN C
Address: 7845 NW 57TH STREET
City-St-Zip: MIAMI, FL 33166

Title: S (X) Change ( ) Addition
Name: BONVECCHIO, ANTONELLA
Address: 7845 NW 57TH STREET
City-St-Zip: MIAMI, FL 33166

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: ADOLFO BONVECCHIO PD 04/10/2009
Electronic Signature of Signing Officer or Director Date