

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90190 042 ***150.00

DOCUMENT #	XXXXXXXXXXXX
1. Entity Name	D. N CILLA INC.
P97000079903	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 114 NE 54th. ST. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State MIAMI FL.	City & State
XXXXXX 33137	Country USA
Zip	Country
<p>DO NOT WRITE IN THIS SPACE</p>	
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4. FEI Number 65-0681085	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
<p>7. Name and Address of Current Registered Agent</p> <p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>City FL Zip Code</p>	

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RALPH MAYOR. 5001 S/W 20th. STREET	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OCALA FL. 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 #

4/19/06 (305) 549-6647