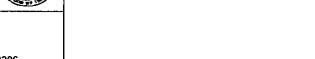
2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P97000087809 1. Entity Name DUQUESNAY INVESTMENTS, INC. Principal Place of Business Mailing Address 2085 WEST 73 STREET 5722 S. FLAMINGO RD. HIALEAH, FL 33016

FILED Feb 01, 2008 08:00 AN Secretary of State



HIALEAH, FL 33016		PMB 255 Fort Lauderdale, FL 33330-3206					
DO NOT WRITE IN THIS S		NITUSCRA		01262008	No Chg-P	CR2E034 (11/05)	
	UNUIWRIE	NEIGIS SPAC	Æ	4. FEI Number 65-6251		Applied For	1
					of Status Desired	\$8.75 Additional	
GS865x.35	6. Name and Address of Current Regi	Istered Agent		: 000000000000000000000000000000000000		P 65 Koquisu	19 A
OSMAN, L. MICHAEL 1474-A WEST 84TH STREET HIALEAH, FL 33014				or many many and	NOT W HIS SP	2000 Mile Control (2007)	
a. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agent and \$1	e if applicable (NOTE, Registered	Agent eignature required	when remalating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				00 May Be ed to Fees			
10. OFFICERS AND DIRECTORS			Name and the		on land of the land	等的是一种的数据的	16 V 17 V
DILE NAME	PS DUQUESNAY, D BRIAN						数
STREET AUDRESS	5722 S. FLAMINGO RD., BOX 255			ga William. Magyangan in			1.5
City-St-ZiP	FT. LAUDERDALE, FL 33332						.18
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000 -02/08/08-	310787 80074-018 150.00	ではない。
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TITLE NAME STREET ADDRESS CITY-SI-ZIP							
name Street adoress City-St-20P							学などは

12. I hereby cartify that the information supplied with this tiling 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:

THE STATE HANDE OF SIGNONG OFFICER ON DIRECTOR

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