## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_

	ANNUAL F	REPORT (AR	) ./ <u> </u>	FILED
DOCUMENT # P99000096812				Mar 26, 2007 08:00 A
1. Entity Nar	mo		1	Secretary of State
DUBROS	6, CORP.			January Constitution
Principal Plac	ce of Businoss	Mailing Address		<del></del>
7128 NW		7128 NW 50 ST		
MIAMIFL:	33100	MIAMI FL 33166		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
7128 Nw 50 ST Suito, Apt. #, elc		7128 NW Suito, Apt. #, etc.	<u>50 57</u>	
oune, Apr	, #, GIO	Suito, Apr. #, etc.		1st MOORE CR2E034 (10/06)
Cily & State		City & State		4. FEI Numbor 65-0959707 Applied For
Mian	Country	Miami,	F_L_ Country	Not Applicable
3316	6 USA	33166	USA	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
CA	STILLO, YVETTE		Name	
7128 NW 50 ST Stroot Address (P				ross (P.O. Box Numbor is Not Acceptable)
MIA	AMI FL 33166		<del></del>	
			City	Tin Code
				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, synoid or printed name of registered agent and little is applicable. (NOTE, Registered Agent signature required when reinstature). DATE				
After	FILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00 k Payable to Florida Department o			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PVD	☐ Delete	une	☐ Change ☐ Addition
NAME STREET ADDRESS	DUQUE, JOSE N 8455 SW 24 STREET		NAME	
STREET ADDRESS COY-ST-ZIP	MIAMI FL 33155		STREET ADDRESS CITY-ST-7IP	000000680012 04/03/07-80059-022 150.00
THTLE	VP	☐ Delete	JITLE	□ Change □ Addition
NAME	DUQUE, ASTRID N 7128 N.E. 50 STREET		NAME	,-
STREET ADDRESS CITY-SE-/IP	MIAMI FL 33166		SREET ADDITSS CITY-SE-7IP	
TITLE	SD	☐ Delete	1016	☐ Change ☐ Addillion
NAME	CASTILLO, IVETTE	Belete	NAME	_ onange _ realition
STREET ADDRESS CITY-S1-ZIP	7128 N.E. 50 STREET MIAMI FL 33166		STREET ADDRESS	
DILE	WIAWI FL 33100		CITY-ST-ZIP	
NAME		☐ Delcic	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-7IP			CITY-ST-ZIP	
MANE		☐ Delele	THILE	☐ Change ☐ Addition
NAME STREET ADDRESS (			NAMI SIREET ADDRESS	
CITY - ST-7IP			CHY-SI-ZIP	
ITTLE	V-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	☐ Delele	TITLE	☐ Change ☐ Addition
NAME.			NAME CIRCLA DIDDE CO	
STREET ADORESS CITY-S1-7P			STRUET ADDRESS CITY+S1+ZIP	
12.   horoby o	certify that the information supplied wit	h this filing does not qualify fo	<u> </u>	tained in Section 119, Florida Statutes. I further certify that the information
indicated of the cor if change	on this report or supplemental report is poration or the receiver or frustoe object, d, or on an attachment with an autoes	s true and accurate and that my followed to execute this report solvith all other like empowere	y signature shall have as roquired by Chapt d.	tained in Section 119, Florida Statutes. I further certify that the information the same legal effect as if made under eath, that I am an efficer or director or 607, Florida Statutes; and that my name appears in Block 10 or Block 11.

(Yvette castillo) 03/22/07 305-4779250

SIGNING OFFICER OR DIRECTOR

DayLore Phone +