

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000063368

Entity Name: D GROUP EQUITIES HOLDING (FL), INC.**Current Principal Place of Business:**3947 BOULEVARD CENTER DR.
SUITE 5
JACKSONVILLE, FL 32207**Current Mailing Address:**3947 BOULEVARD CENTER DR.
SUITE 5
JACKSONVILLE, FL 32207 US**FEI Number:** 66-0683513**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHRITTON, J. KIRBY ESQ.
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE, FL 32207 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	DUBON, MYRTA
Address	3947 BOULEVARD CENTER DR. SUITE 5
City-State-Zip:	JACKSONVILLE FL 32207

Title	D
Name	DUBON, DESIREE
Address	3947 BOULEVARD CENTER DR. SUITE 5
City-State-Zip:	JACKSONVILLE FL 32207

Title	D
Name	DUBON, MANUEL
Address	3947 BOULEVARD CENTER DR. SUITE 5
City-State-Zip:	JACKSONVILLE FL 32207

Title	D
Name	DUBON, JOSE R
Address	3947 BOULEVARD CENTER DR. SUITE 5
City-State-Zip:	JACKSONVILLE FL 32207

Title	D
Name	DUBON III, LUIS E
Address	3947 BOULEVARD CENTER DR. SUITE 5
City-State-Zip:	JACKSONVILLE FL 32207

Title	D
Name	DUBON, MARILYN C
Address	3947 BOULEVARD CENTER DR. SUITE 5
City-State-Zip:	JACKSONVILLE FL 32207

I hereby 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 all other like empowered.

SIGNATURE: MANUEL H. DUBON**PRESIDENT****03/15/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date