


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90026 012 ***150.00

DOCUMENT # G43005
 1. Entity Name
DOSDOURIAN ENTERPRISES, INC.



40070065



Principal Place of Business Mailing Address
~~649 US HWY 1 SUITE 8 NORTH PALM BEACH, FL 33408 US~~
~~649 US HIGHWAY 1 SUITE 8 N PALM BEACH, FL 33408 US~~

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
300 Prosperity Farms Road Suite E
300 Prosperity Farms Road Suite E

04032008 Chg-P CR2E034 (12/06)

City & State Zip Country
North Palm Beach FL 33408 USA
North Palm Beach FL 33408 USA

4. FEI Number Applied For
59-2299618 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DOSDOURIAN, PATRICIA
~~12046 PROSPERITY FARMS RD.~~
~~PALM BEACH GARDENS, FL 33410~~

7. Name and Address of New Registered Agent
 Name **Patricia Dosdouman**
 Street Address (P.O. Box Number is Not Acceptable) **300 Prosperity Farms Road Suite E**
 City **North Palm Beach FL** Zip Code **33408**

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 *Patricia Dosdouman* DATE 4/8/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOSDOURIAN, PATRICIA 12046 PROSPERITY FARMS RD. PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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: *Patricia Dosdouman* DATE 4/8/08
Signature and typed or printed name of signing officer or director Date Daytime Phone #