


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90064 018 ***150.00

DOCUMENT # H95720	
1. Entity Name JOSEPH S. DOBOS, INC.	

Principal Place of Business 2720 E OAKLAND PARK BLVD SUITE 106 FT LAUDERDALE, FL 33306 US	Mailing Address 2720 E OAKLAND PARK BLVD SUITE 106 FT LAUDERDALE, FL 33306 US
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DO NOT WRITE IN THIS SPACE



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2684105	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DOBOS, JOSEPH
 2720 E OAKLAND PARK BLVD
 SUITE 106
 FORT LAUDERDALE, FL 33306

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOBOS, JOSEPH S. 2720 E OAKLAND PARK BLVD STE 106 FORT LAUDERDALE, FL 33306
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [Signature] 4-1-04 954-567-0339
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #