

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-27-2006 90177 037 \*\*\*150.00  
P01000084679

FILED

06 MAY 25 PM 1:40

SECRET  
TALLAHASSEE, FLORIDA



*Handwritten initials*

**DOCUMENT # P01000084679**  
1. Entity Name  
**DOLPHIN DISCOUNT REALTY, INC.**



Principal Place of Business      Mailing Address  
14707 S. DIXIE HWY      14707 S. DIXIE HWY  
304      304  
MIAMI FL 33176      MIAMI FL 33176

2. Principal Place of Business      3. Mailing Address  
**1450 MADRUGA AVE**      **1450 Madruga Ave**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**302**      **# 302**

City & State      City & State  
**CORAL GABLES**      **Coral Gables, FL.**

Zip      Country      Zip      Country  
**33146**      **DADE**      **33146**      **DADE**

1st MOORE      CR2E034 (10/05)  
4. FEI Number      Applied For  
**65-1134663**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**MANDEL, ROSA**  
**15165 S W 108TH TERRACE**  
**MIAMI FL 33196**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **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: *Rosa Mandel*      **ROSA MANDEL**      **4/10/06**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reconstituting)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANDEL, ROSA 15165 S W 108TH TERRACE MIAMI FL 33196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rosa Mandel*      **ROSA MANDEL**      **4/10/06**      **(305)6651188**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #