

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066578

FILED
Apr 29, 2005
Secretary of State

Entity Name: DR GENERAL CORPORATION

Current Principal Place of Business:

9439 SAN JOSE BLVD STE 90
JACKSONVILLE, FL 322575535

New Principal Place of Business:

4083 SUNBEAM RD.
APT. 612
JACKSONVILLE, FL 322577505 US

Current Mailing Address:

9439 SAN JOSE BLVD STE 90
JACKSONVILLE, FL 322575535

New Mailing Address:

4083 SUNBEAM RD.
APT. 612
JACKSONVILLE, FL 322577505 US

FEI Number: 43-2018989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
11601 S. CLEVELAND AVE. SUITE 6
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUIZ RIBEIRO SILVA, DEMETRIOS
Address: 9439 SAN JOSE BLVD STE 90
City-St-Zip: JACKSONVILLE, FL 322575535

Title: VD () Delete
Name: SILVA, RONILDA
Address: 9439 SAN JOSE BLVD STE 90
City-St-Zip: JACKSONVILLE, FL 322575535

Title: S () Delete
Name: SILVALANA, CLESIO
Address: 35 CONGRESS STREET 11
City-St-Zip: NASHUA, NH 03062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LUIZ RIBEIRO SILVA, DEMETRIOS
Address: 4083 SUNBEAM RD. APT. # 612
City-St-Zip: JACKSONVILLE, FL 322577505 US

Title: VD (X) Change () Addition
Name: SILVA, RONILDA
Address: 4083 SUNBEAM RD. APT # 612
City-St-Zip: JACKSONVILLE, FL 322577505 US

Title: S (X) Change () Addition
Name: PINTO, HELIO
Address: 4083 SUNBEAM RD. APT # 1907
City-St-Zip: JACKSONVILLE, FL 322577505 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DEMETRIOS SILVA

PD

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date