

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90072 016 ***150.00

DOCUMENT # P05000057865 1. Entity Name DCW NELSON INVESTMENTS, INC.					
Principal Place of Business 19341 NW 5TH STREET PEMBROKE PINES, FL 33029			Mailing Address 19341 NW 5TH STREET PEMBROKE PINES, FL 33029		
2. Principal Place of Business - No P.O. Box # <u>2640 MARINA BAY DR. E.</u> Suite, Apt. #, etc. <u>APT. #207</u>		3. Mailing Address <u>2640 MARINA BAY DR. E.</u> Suite, Apt. #, etc. <u>APT. #207</u>			
City & State <u>FT. LAUDERDALE, Florida</u>		City & State <u>FT. LAUDERDALE, Florida</u>			
Zip <u>33312</u> Country <u>FLORIDA</u>		Zip <u>33312</u> Country <u>BROWARD</u>			
4. FEI Number 20-2706272				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent NELSON, DENNIS W 19341 NW 5TH STREET PEMBROKE PINES, FL			7. Name and Address of New Registered Agent Name <u>DENNIS W. NELSON</u> Street Address (P.O. Box Number is Not Acceptable) <u>2640 MARINA BAY DR. E.</u> <u>APT. #207</u> City <u>FT. LAUDERDALE</u> <u>FL</u> Zip Code <u>33312</u>		
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 <u>DENNIS W. NELSON P</u> <u>Dennis W. Nelson</u> <u>01/09/08</u> 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 P NAME NELSON, DENNIS W STREET ADDRESS 19341 NW 5TH STREET CITY-ST-ZIP PEMBROKE PINES, FL 33029	☐ Delete		TITLE ☒ Change ☐ Addition NAME <u>2640 MARINA BAY DR. E. #207</u> STREET ADDRESS <u>FT. LAUDERDALE, FL 33312</u> CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE VP NAME NELSON, CHERYL STREET ADDRESS 19341 NW 5TH STREET CITY-ST-ZIP PEMBROKE PINES, FL 33029	☐ Delete		TITLE ☒ Change ☐ Addition NAME <u>2640 MARINA BAY DR. E. #207</u> STREET ADDRESS <u>FT. LAUDERDALE, FL 33312</u> CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Dennis W. Nelson P</u> <u>DENNIS W. NELSON P</u> <u>01/09/08</u> <u>954-445-7776</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					