


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000049477 1. Entity Name DIDS & DA ENGELBERG, INC.	
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Principal Place of Business C/O M. ENGELBERG & L. MILGRIM, P.A. 4040 SHERIDAN STREET HOLLYWOOD, FL 33021	Mailing Address C/O M. ENGELBERG & L. MILGRIM, P.A. 4040 SHERIDAN STREET HOLLYWOOD, FL 33021
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4624973	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

ENGELBERG, MORRIS ESQ.
4040 SHERIDAN STREET
HOLLYWOOD, FL 33021

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 _____
Signature, typed or printed name of registered agent and title if applicable

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILGRIM, LAURIE E 4040 SHERIDAN STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ENGELBERG, MORRIS 4040 SHERIDAN STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERMAN, NANCY 4040 SHERIDAN STREET HOLLYWOOD, FL 33021
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000933057
05/22/08-60090-002 150.00

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 a statement with an address, with all other like empowered.

SIGNATURE:  MORRIS ENGELBERG, SECRETARY Date: 04/17/08 Daytime Phone #: 954-966-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR