

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000041827

FILED
Feb 11, 2005
Secretary of State

Entity Name: DARBY SHORES MANAGEMENT, INC.

Current Principal Place of Business:

329 GRANELLO AVE
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

329 GRANELLO AVE
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 65-0492238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATE REGISTERED AGENTS INC
329 GRANELLO AVENUE
CORAL GABLES, FL 33146 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: DP () Delete
Name: SAEGER, WILLIAM B
Address: 8401 SW 16TH TERR.
City-St-Zip: MIAMI, FL 33155

Title: DV () Delete
Name: DAVIS, RICHARD H
Address: 8365 SW 168TH TERR.
City-St-Zip: MIAMI, FL 33157

Title: DV () Delete
Name: COOK, WILLIAM
Address: 15000 SW 179TH ST.
City-St-Zip: MIAMI, FL 33187

Title: DV () Delete
Name: CHESTER, WILLIAM
Address: 14700 PETTIT WAY
City-St-Zip: POTOMAC, MD 20854

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD DAVIS

D

02/11/2005

Electronic Signature of Signing Officer or Director

_____ Date