## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2008 08:00 A Secretary of State

	ANTOAL	KEFOKI		_ Apr 17, 2000 00.0	,
DOCUMENT # P97000087966  1. Entity Name D.B.P.A. OFFICES, INC.				Secretary of St	a
Principal Place 9130 S DADE STE. 1800 MIAMI, FL 33	CLAND BLVD	Mailing Address 9130 S DADELAND BLVD STE. 1800 MIAMI, FL 33156 US			
DO NOT WRITE IN THIS SPACE			CE .	01072008 No Chg-P CR2E034 (11/05)  4. FEI Number	
BERCUSON, DAVID 9130 S DADELAND BLVD #1800 MIAMI, FL 33156				DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent si			d Agent signature required	00000897716 04/25/08-80058-023 150.00	5.1Y
FILE After Ma	NOW!!! FEE:IS \$150.00 y11, 2008 Fee will be \$550.00	9 Election Campaign Finan Trust Fund Contribution	icing \$5.	00 May Be. ed to Fees	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DI D BERCUSON, DAVID 9130 S DADELAND BLVD, #1800 MIAMI, FL 33156	RECTORS			
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					
indicated o of the corpo	ertify that the information applied with the north report of the policy and report is true oration or the same of the policy and provided the provided on an attack of the policy and the	is thing does not qualify for the exture and accurate and that my signatured to execute this report as required to execute this report as required to execute this report as required.	emptions contained ture shall have the s red by Chapter 607	d in Chapter_119, Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer, or director?, Florida Statutes; and that my name appears in Block 10 or Block 11 if	

DAVID BERCUSON
OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE:

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