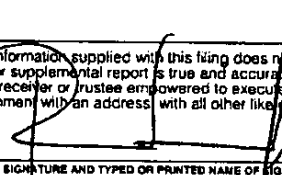


2005 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**
May 26, 2005 8:00 am
Secretary of State

05-02-2005 90387 049 ***150.00

DOCUMENT # P04000097955			
1. Entity Name DOLCA HOLDINGS, INC.			
Principal Place of Business 1150B E. HALLANDALE BEACH BOULEVARD HALLANDALE BEACH, FL 33009 US		Mailing Address 1150B E. HALLANDALE BEACH BOULEVARD HALLANDALE BEACH, FL 33009 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
56-2476979		Applied For Not Applicable	
4. FEI Number		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
01072005 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LECHTER, ROBERT 1150B E. HALLANDALE BEACH BOULEVARD HALLANDALE BEACH, FL 33009		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	D LECHTER, ROBERT 1150B E. HALLANDALE BEACH BOULEVARD HALLANDALE BEACH, FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTOS, CARLOS 1150B E HALLANDALE BEACH BOULEVARD HALLANDALE BEACH, FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 807, 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: 		Secretary Sec. Robert Lechter, Manager 4/25/05 954 465-3650	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	