

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # P05000105066**

1. Entity Name  
**DUBE HOLDINGS, INC.**



Principal Place of Business  
**13281 N.W. 43 AVENUE  
OPA LOCKA, FL 33054 FL**

Mailing Address  
**13281 N.W. 43 AVENUE  
OPA LOCKA, FL 33054 FL**



04042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>51-0548200</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**DUBE, OMAR  
13281 NW 43 AVE  
OPALOCKA, FL 33054**

**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 \_\_\_\_\_

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

1000000293902  
04/24/08-800008-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>DUBE, OMAR</b>
STREET ADDRESS	<b>8225 NW 163 STREET</b>
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33016</b>

TITLE	<b>VP</b>
NAME	<b>DUBE, MAGDALENA</b>
STREET ADDRESS	<b>8225 NW 163 STREET</b>
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33016</b>

TITLE	<b>D</b>
NAME	<b>DUBE, OMAR</b>
STREET ADDRESS	<b>8225 NW 163 STREET</b>
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33016</b>

TITLE	<b>D</b>
NAME	<b>DUBE, MAGDALENA</b>
STREET ADDRESS	<b>8225 NW 163 STREET</b>
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33016</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *X* *Car Dill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #