

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# G43005

**FILED**  
**Aug 25, 2009**  
**Secretary of State****Entity Name:** DOSDOURIAN ENTERPRISES, INC.**Current Principal Place of Business:**300 PROSPERITY FARMS ROAD  
SUITE E  
NORTH PALM BEACH, FL 33408 US**New Principal Place of Business:****Current Mailing Address:**300 PROSPERITY FARMS ROAD  
SUITE E  
NORTH PALM BEACH, FL 33408 US**New Mailing Address:****FEI Number:** 59-2299618**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DOSDOURIAN, PATRICIA  
300 PROSPERITY FARMS ROAD  
SUITE E  
NORTH PALM BEACH, FL 33408 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**OFFICERS AND DIRECTORS:****Title:** DPST ( ) Delete  
**Name:** DOSDOURIAN, PATRICIA  
**Address:** 300 PROSPERITY FARMS RD., SUITE E  
**City-St-Zip:** NORTH PALM BEACH, FL 33408**Title:** EVP ( ) Delete  
**Name:** DOSDOURIAN, SAMUEL  
**Address:** 300 PROSPERITY FARMS RD., SUITE E  
**City-St-Zip:** NORTH PALM BEACH, FL 33408**Title:** VP (X) Delete  
**Name:** MARANOWSKI, STEVE  
**Address:** 300 PROSPERITY FARMS RD., SUITE E  
**City-St-Zip:** NORTH PALM BEACH, FL 33408**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VP (X) Change ( ) Addition  
**Name:** DOSDOURIAN, SAMUEL  
**Address:** 300 PROSPERITY FARMS RD., SUITE E  
**City-St-Zip:** NORTH PALM BEACH, FL 33408**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA DOSDOURIAN

DPST

08/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date