

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000049477

**Entity Name:** DIDS & DA ENGELBERG, INC.

**Current Principal Place of Business:**

1920 EAST HALLANDALE BEACH BOULEVARD  
SUITE 806  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1920 EAST HALLANDALE BEACH BOULEVARD  
SUITE 806  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 20-4624973

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ENGELBERG, MORRIS ESQ.  
1920 EAST HALLANDALE BEACH BOULEVARD  
SUITE 806  
HALLANDALE BEACH, FL 33009 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            MILGRIM, LAURIE E  
Address        1920 EAST HALLANDALE BEACH  
                  BOULEVARD  
                  SUITE 806  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            SECRETARY, DIRECTOR  
Name            ENGELBERG, MORRIS  
Address        1920 EAST HALLANDALE BEACH  
                  BOULEVARD  
                  SUITE 806  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            TREASURER, DIRECTOR  
Name            HERMAN, NANCY  
Address        1920 EAST HALLANDALE BEACH  
                  BOULEVARD  
                  SUITE 806  
City-State-Zip: HALLANDALE BEACH FL 33009

*I hereby 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 all other like empowered.*

**SIGNATURE:** MORRIS ENGELBERG

**SECRETARY**

**01/13/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date