


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 198782

1. Entity Name
DORBARRY SHOPS, INC.



Principal Place of Business Mailing Address

3613 CLEVELAND ST PO BOX 813878
 HOLLYWOOD, FL 33021 US HOLLYWOOD, FL 33081 US



02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-0915705 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SATZ, ELLIOTT D
 3613 CLEVELAND STREET
 HOLLYWOOD, FL 33021

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 _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when renominating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000107532
 04/09/04-80018-021 158.75

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SATZ, ELLIOTT D
STREET ADDRESS	3613 CLEVELAND STREET
CITY ST ZIP	HOLLYWOOD, FL
TITLE	V
NAME	SATZ, MARCIA
STREET ADDRESS	3613 CLEVELAND STREET
CITY ST ZIP	HOLLYWOOD, FL
TITLE	S
NAME	SATZ, BETTY
STREET ADDRESS	1021 NE 175TH STREET
CITY ST ZIP	N MIAMI BEACH, FL
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 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 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: Elliott D. Satz **ELLIOTT D. SATZ** 4/7/04 954-983-5568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #