

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 198782

FILED  
Feb 14, 2005  
Secretary of State

Entity Name: DORBARRY SHOPS, INC.

**Current Principal Place of Business:**

3613 CLEVELAND ST  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 813878  
HOLLYWOOD, FL 33081 US

**New Mailing Address:**

FEI Number: 59-0915705      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SATZ, ELLIOTT D  
3613 CLEVELAND STREET  
HOLLYWOOD, FL 33021 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: SATZ, ELLIOTT D  
Address: 3613 CLEVELAND STREET  
City-St-Zip: HOLLYWOOD, FL

Title: V ( ) Delete  
Name: SATZ, MARCIA  
Address: 3613 CLEVELAND STREET  
City-St-Zip: HOLLYWOOD, FL

Title: S (X) Delete  
Name: SATZ, BETTY,  
Address: 1021 NE 175TH STREET  
City-St-Zip: N MIAMI BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition  
Name: SATZ, ELLIOTT D  
Address: 3613 CLEVELAND STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: V,S (X) Change ( ) Addition  
Name: SATZ, MARCIA  
Address: 3613 CLEVELAND STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELLIOTT D. SATZ

P

02/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date