UN DOCU	DO3 FOR PROF	ESS REPOI	RATION RT (UBR)	FILED Mar 12, 2003 8:00 am Secretary of State
1. Entity Nan	DP MANUFACTURING CO			03-12-2003 90134 040 ***155.00
Principal Place of Business 523 NE 189 ST. MIAMI FL 33179 US		Mailing Address 523 NE 189 ST. MIAMI FL 33179 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Adoress 2811 MARNING GLORY LAND Suite Apt. #, etc.		
City & Stat		State	ĒI.	CHECK HERE IF MAKING CHANGES A. FEI Number 59-0836928 Applied For Number
Zip	Country	2°22.78	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
HOFFER, JEROLD E. 2811 MORNING GLORY LANE DAVIE FL 33328				(P.O. Box Number is Not Acceptable)
8 The above	named antifute the statement for	the purpose of changing i	City	FL Zip Code ered agent, or both, in the State of Florida. I am familiar with, and accept
the obligat	ions of registered agent.		is registered onice of regist	ered agent, or both, in the State of Piolida. I aim familiar with, and accept
7 ~ <i>1</i> 1	Signature, typed or printed name of registered agent	and title if applicable. (NO	DTE: Registered Agent signature require	ed when reinstating) DATE
After	ILE NOW!!! FEE IS \$150.00 (May 1, 2003 Fee will be \$550.00 (Payable to Florida Department o	fState		 Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST-ZIP	PD Hoffer, Jerold E. 2811 Morning Glory Lane Davie Fl 33328	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
12. I hereby c indicated of the corr changed,	or this report of supplemental report is poration of the receiver or trustee impo or on an attachment with an oddress, v	this filing does not qualify fi true and accurate and that wered to execute this repor- tith all other live inpoverse that other live inpoverse that the state of signing of Fice	or the exemption stated in S my signature shall have the t as required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if Date Daytime Phone #