

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 341007

Entity Name: DORTEN, INC.

FILED  
Jan 06, 2012  
Secretary of State

## Current Principal Place of Business:

2901 VICTORIA CIRCLE  
K-4  
COCONUT CREEK, FL 33066 US

## New Principal Place of Business:

## Current Mailing Address:

2901 VICTORIA CIRCLE  
K-4  
COCONUT CREEK, FL 33066 US

## New Mailing Address:

FEI Number: 59-1236305      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GETMAN, DENNIS J  
2901 VICTORIA CIRCLE  
K-4  
COCONUT CREEK, FL 33066 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: PD  
Name: SIEGEL, SAMUEL C  
Address: C/O 2901 VICTORIA CIRCLE, K-4  
City-St-Zip: COCONUT CREEK, FL 33066

Title: SD  
Name: GETMAN, LYNN E  
Address: C/O 2901 VICTORIA CIRCLE, K-4  
City-St-Zip: COCONUT CREEK, FL 33066

Title: VD  
Name: GETMAN, DENNIS J  
Address: C/O 2901 VICTORIA CIRCLE, K-4  
City-St-Zip: COCONUT CREEK, FL 33066

Title: TD  
Name: MULLER, JOYCE  
Address: C/O 2901 VICTORIA CIRCLE, K-4  
City-St-Zip: COCONUT CREEK, FL 33066

Title: TD  
Name: SPIEGELMAN, MATTHEW  
Address: C/O 2901 VICTORIA CIRCLE, K-4  
City-St-Zip: COCONUT CREEK, FL 33066

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: LYNN E GETMAN

SD

01/06/2012

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

\_\_\_\_\_  
Date