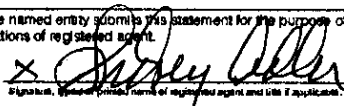
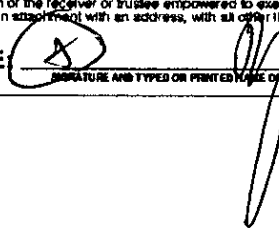


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90207 008 ***185.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

80107185

DOCUMENT # 443609		
1. Entity Name DEVELOPMENT ADVISORY CORPORATION		
Principal Place of Business 400 LESLIE DR #215 HALLANDALE, FL 33009 US		Mailing Address 400 LESLIE DR. #215 HALLANDALE, FL 33009 US
1815 Griffin Road 301 Dania Beach, Fl 33433 USA		1815 Griffin Road 301 Dania Beach, Fl 33433 USA
		
		☒ CHECK HERE IF MAKING CHANGES
4. FEI Number 59-1497510		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. The above named entity submits this statement for the purpose of changing its registered agent. the obligations of registered agent.		7. Name and Address of New Registered Agent Name SIDNEY ADLER Street Address (P.O. Box Number is Not Applicable) 1815 Griffin Road, Suite 301 Dania Beach, FL 33004
SIGNATURE  4/28/03 (NOTE: Please Print Agent Signature Separately when disclosing)		DATE
8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE	P&D	☒ Delete
NAME	WOLOFSKY, KENNETH	
STREET ADDRESS	400 LESLIE DR	
CITY-ST-ZIP	HALLANDALE, FL 00000,	
TITLE	VTDD	☐ Delete
NAME	WOLOFSKY, PETER	
STREET ADDRESS	400 LESLIE DR	
CITY-ST-ZIP	HALLANDALE, FL 00000,	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	☒ Change ☐ Addition
NAME	PETER WOLOFSKY	
STREET ADDRESS	1815 Griffin Road, Suite 301	
CITY-ST-ZIP	Dania Beach, FL 33004	
TITLE	VP, S	☒ Change ☒ Addition
NAME	HOWARD WOLOFSKY	
STREET ADDRESS	1815 Griffin Road, Suite 301	
CITY-ST-ZIP	Dania Beach, FL 33004	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 addendum with an address, with all other like empowered.		
SIGNATURE  4/28/03 954 925 2990 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		