2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 457994

1. Entity Name

DOLPHIN MANUFACTURING FORMS, INC.



FILED Jan 31, 2006 08:00 AN Secretary of State

Principal Place of Business

1783 S.W. 67TH AVENUE MIAMI, FL 33155

Mailing Address

1783 S.W. 67TH AVENUE MIAMI, FL 33155



01112006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1567620

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name and	Address o	f Current	Registered Agent	

DO NOT WRITE IN THIS SPACE

RODRIGUEZ, GREGORIO 1783 SW 67TH AVE MIAMI, FL 33155

STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

Temp tivin, i L			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registers	ed office or r	registered agent, or b	oth, in the State of Florida. I am familiar with, and acce
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE, Registered	d Agent signature	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	CTORS	ſ		-1.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GREGORIO, RODRGUEZ 1783 SW 67TH AVE MIAMI, FL 33155				#00000400F00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, GREGORY 1783 SW 67TH AVE MIAMI, FL 33155			·	1100000408580 02/08/06-80064-024 150.00
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		*	 ·	- •	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTED HAND OF SIGNING OF TICER OR DIRECTOR

1-27-06

(305) 264-9755

Daytime Phone