

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90024 034 \*\*\*150.00

**DOCUMENT # 479843**

1. Entity Name  
DORPHIL, INC.



Principal Place of Business

320 N.W. 171ST STREET  
NORTH MIAMI BEACH, FL 33169 US

Mailing Address

320 N.W. 171ST STREET  
NORTH MIAMI BEACH, FL 33169 US



01232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1620951

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

EPSTEIN, ABBY  
320 NW 171 ST  
MIAMI, FL 33169

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE V  
NAME KAPLAN, ELAINE  
STREET ADDRESS 320 N.W. 171ST STREET  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33169

TITLE P  
NAME EPSTEIN, ABBY  
STREET ADDRESS 320 NW 171 ST  
CITY-ST-ZIP N MIAMI BCH, FL 33169

TITLE S  
NAME KAPLAN, KERI  
STREET ADDRESS 320 NW 171 ST  
CITY-ST-ZIP N MIAMI BEACH, FL 33169

TITLE V  
NAME SPEIDEL, MICHAEL  
STREET ADDRESS 320 NW 171 ST  
CITY-ST-ZIP N MIAMI BEACH, FL 33169

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Abby Epstein* ABBY EPSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/2/04

Date

305-652-0016

Daytime Phone #