

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # 497846

1. Entity Name
DOLPHIN PROPERTIES, INC.



Principal Place of Business
15715 SOUTH DIXIE HIGHWAY
SUITE 325
PALMETTO BAY, FL 33157 US

Mailing Address
15715 SOUTH DIXIE HIGHWAY
SUITE 325
PALMETTO BAY, FL 33157 US



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1651176	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCHSBAUM, FRED
15715 SOUTH DIXIE HIGHWAY
SUITE 325
PALMETTO BAY, FL 33157

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

00000831820
02/27/08-80034-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCHSBAUM, FRED 13627 DEERING BAY DRIVE #804 CORAL GABLES, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIPD BUCHSBAUM, KAREN 13627 DEERING BAY DRIVE #804 CORAL GABLES, FL 33158
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

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 NAME OF SIGNING OFFICER OR DIRECTOR

2/14/08

Date

305-255-1750

Daytime Phone #