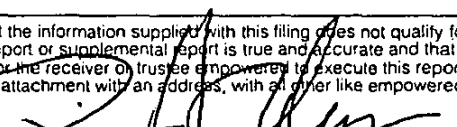


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90394 043 ***150.00

DOCUMENT # 595380 1. Entity Name DHD, INC.					
Principal Place of Business INTERNATIONAL PLACE 100 SE 2ND STREET MIAMI FL 33131 US			Mailing Address 3191 GRAND AVENUE P.O. BOX 330701 MIAMI FL 33133		
2. Principal Place of Business 100 Edgewater Drive Suite, Apt. #, etc. Unit 311 City & State Coral Gables, Florida Zip 33133 Country USA			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-1868940				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent DOCKHORN, DANIEL H. 100 EDGEWATER DRIVE CORAL GABLES, FL MH FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DOCKHORN, DANIEL H. 100 EDGEWATER DRIVE CORAL GABLES FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Dockhorn, Daniel, H. 100 Edgewater Drive Coral Gables, Florida
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS DOCKHORN, DANIEL H. 100 EDGEWATER DRIVE CORAL GABLES FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607(3)(b) 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: 			Daniel H. Dockhorn 4-22-05 305-539-1644		