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.

14012758

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
INTERNATIONAL PLACE 100 SE 2ND STREET MIAMI FL 33131 US	3191 GRAND AVENUE P.O.BOX 330701 MIAMI FL 33133

2. Principal Place of Business		3. Mailing Address	
100 Edgewater Drive			
Suite, Apt. #, etc.: Unit 311		Suite, Apt. #, etc.:	
City & State: Coral Gables,Florida		City & State:	
Zip: 33133	Country: USA	Zip:	Country:

4. FEI Number: 59-1868940 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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 ______________________
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, 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	☐ Change ☒ Addition
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 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: Daniel H.Dockhorn 4-22-05 305-539-1644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #