
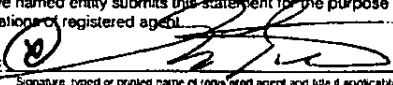



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/1

**FILED**  
**Jul 21, 2005 8:00 am**  
**Secretary of State**

06-13-2005 90005 024 \*\*\*150.00

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # F04000006234</b><br>1. Entity Name<br><b>DOPO, INC.</b>   |   |   |  |             |  |
| Principal Place of Business<br><b>1300 N.W. 167TH STREET, #2</b><br><b>MIAMI, FL 33169</b>  |   |   | Mailing Address<br><b>1300 N.W. 167TH STREET, #2</b><br><b>MIAMI, FL 33169</b>   |  |  |
| 2. Principal Place of Business<br><b>4710 NW 165 ST</b>   |   | 3. Mailing Address<br><b>4710 NW 165 ST</b>   |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |  |  |
| City & State<br><b>MIAMI, FL</b>  |   | City & State<br><b>MIAMI, FL</b>  |  | 4. FEI Number<br><b>20-1892484</b>   |  |
| Zip<br><b>33014</b>   |   | Country<br><b>USA</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |   |   |  | 06032005 Chg-P CR2E034 (10/03)   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY</b><br><b>1201 HAYS STREET</b><br><b>TALLAHASSEE, FL 32301-2525</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>NORMAN CELIK</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4710 NW 165 STREET</b><br>City <b>MIAMI</b> FL <b>FL</b> Zip Code <b>33014</b> |  |  |
| 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  DATE <b>6/6/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 7, 2005</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PST<br>CELIK, NORMAN<br><b>1300 N.W. 167TH STREET, #2</b><br><b>MIAMI, FL 33169</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>4710 NW 165 ST</b><br><b>MIAMI, FL 33014</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | CD<br>CELIK, NORMAN<br><b>4300 N.W. 167TH STREET, #2</b><br><b>MIAMI, FL 33169</b>  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>4710 NW 165 ST</b><br><b>MIAMI, FL 33014</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE <b>6/6/05</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   |  |  |  |

ATTACHMENT 66024908

**JOSEPH Y. LEUNG, P.A.**  
*CERTIFIED PUBLIC ACCOUNTANT*  
18999 Biscayne Blvd, Suite 205  
Aventura, Fl 33180  
(305) 933-9515 Fax: (305) 933-1340

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July 19, 2005

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

**RE: DOPO, INC.**  
**Dgc # F04000006234**  
**2005 Annual Report**

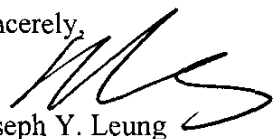
To Whom It May Concern:

Due to the fact that my client did not receive prior notice regarding the annual report, he was late for this year filing. We have discovered that the mailing address, principal address, and the registered agent information were inaccurate on file. That may have caused the notice not being received by my client. As soon as my client found out the Florida Annual Report filing requirement, he filed the report immediately on June 6, 2005.

Under the above circumstances, please remove the \$400.00 penalty since this is his first occurrence and it was unintentional.

Thank you for your kind consideration.

Sincerely,

  
Joseph Y. Leung  
Certified Public Accountant