


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90124 018 ***558.75

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # F51928 1. Entity Name DANTZLER, INC. | | | |  | |
| Principal Place of Business 7975 N.W. 154TH STREET, SUITE 240 MIAMI LAKES, FL 33016 | | | Mailing Address 7975 N.W. 154TH STREET, SUITE 240 MIAMI LAKES, FL 33016 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-0213620 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent CHRISTIN, NICHOLAS E WICKER SMITH O'HARA MCCOY GRAHAM & FORD PA 2900 MIDDEL ST. MIAMI, FL 33133 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P GODINEZ, ANTONIO D 121 CAPE FLORIDA DRIVE KEY BISCAYNE, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S POTTER, VAUGHN L 9187 FOUNTAINBLEAU BLVD., #3 MIAMI, FL 331726312 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AS FERNANDEZ, LUIS J PO BOX 362108, N/A SAN JUAN, PUERTO RICO, 009362108 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T MARGUARDT, WILLIAM 6065 SW 26 STREET MIAMI, FL 33155 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T Lino Morejón 1035 Pine Branch Drive Weston, FL 33326 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T Lino Morejón 1035 Pine Branch Drive Weston, FL 33326 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T Lino Morejón 1035 Pine Branch Drive Weston, FL 33326 | <input type="checkbox"/> Change <input checked="" 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: Vaughn L. Potter, Secretary <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | July 6, 2005 <small>Date</small> | | |
| (305) 828-9666 Ext. 130 <small>Daytime Phone #</small> | | | | | |