

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90138 047 ***550.00

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DOCUMENT # F93000005548



1. Entity Name
DFV INC.

Principal Place of Business
**DARCY HALL
2170 PALM BEACH LAKES BLVD
WEST PALM BEACH FL 33409
US**

Mailing Address
**12300 BARLEY HILL RD.
LOS ALTOS HILLS CA 94024
ALTOS**



2. Principal Place of Business
**C/O J. RANDY Hough
Suite, Apt. #, etc.
1601 Belvedere Rd**

3. Mailing Address
**12300 BARLEY HILL RD
Suite, Apt. #, etc.**

CHECK HERE IF MAKING CHANGES

City & State
West Palm Beach, FL

City & State
Los Altos Hills, CA

4. FEI Number **54-0555534**

Applied For
 Not Applicable

Zip Country
33406-1541 USA

Zip Country
94024 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ROSENBERG, ALICE F P
SHEFFIELD P-373
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

Name **Rosenberg, Alice F. Pres.**

Street Address (P.O. Box Number is Not Acceptable)
C/O J. RANDY Hough 1601 Belvedere Rd

City **West Palm Beach** FL Zip Code **33406-1541**

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 *Alice F. Rosenberg Pres.* *Alice F. Rosenberg Pres.* *9/2/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC ROSENBERG, ALICE F 12300 BARLEY HILL RD. LOS ALTOS HILLS FL 94024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALL, DARCY 2170 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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)(l), 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: *Alice F. ROSENBERG* *9/2/03* *650-961-2652*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)