2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED	
DOCUMENT # G82284 1. Entity Name				红色	Feb 03, 2005 08:00 AM Secretary of State	
DNS PRO	DPERTY MANAGEMENT,	INC.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Secretary of State	
1. Entity Name DNS PROPERTY MANAGEMENT, IN Principal Place of Business 4800 S DAVIE RD. 103 DAVIE FL 33314 US 2. Principal Place of Business Suite, Apt #, etc. City & State Zip Country 6. Name and Address of Current SOBIEWSKI, DENIS		Mailing Address			,	
1. Entity Name DNS PROPERTY MANAGEMENT, IN Principal Place of Business 4800 S DAVIE RD. 103 DAVIE FL 33314 US 2. Principal Place of Business Suite, Apt #, etc. City & State Zip Country 6. Name and Address of Current 6. Name and Address of Current		4350 SW 59 AVE		•• •		
DOCUMENT # G82284 1. Entity Name DNS PROPERTY MANAGEMENT, II Principal Place of Business 4800 S DAVIE RD. 103 DAVIE FL 33314 US 2. Principal Place of Business Suite, Apt #, etc. City & State Zip Country 6. Name and Address of Curre SOBIEWSKI, DENIS 4350 SW 59 AVE BLDG A		BLDG A DAVIE FL 33314 US	DAVIE FL 33314		 	
2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)	
City & State		City & State			4. FE! Number 59-2766355 Applied F	
Zip	Country	Zip	Country	, <u>.</u>	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curr	ent Registered Agent			7. Name and Address of New Registered Agent	
SOF	RIEWSKI DENIS	- <i>T</i>		Name	· · · · · · · · · · · · · · · · · · ·	
4350 SW 59 AVE BLDG A				Street Address (i	P.O. Box Number is Not Acceptable)	
DA\	VIE FL 33314			City	- 7-0-1	
			J			
the obliga	a named entity submits this statement tions of registered agent.	nt for the purpose of changing its	is registered	office or register	ed agent, or both, in the State of Florida I am familiar with, and ac	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOT	TE Registered A	gent signature required	when reinstaling) DATE	
F	ILE NOW!!! FEE IS \$150.00		 	 -		
After	May 1, 2005 Fee Will Be \$550	.00			9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution.	
10.		ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TI	
TITLE NAME	PDS SOBIEWSKI, DENIS	☐ Delete	TITLE NAME		☐ Change ☐ A- U00000212464	
STREET ADDRESS	4350 SW 59 AVE BLDG A		1	ADDRESS	02/03/05-80031-008 150.00	
CiTY-ST-ZiP	FORT LAUDERDALE FL 33314		CITY-ST	- ZIP		
UILE		☐ Delete	TITLE	}	☐ Change ☐ A	
NAME STREET ADDRESS	}		NAME SERFET	ADDRESS		
CITY-ST-ZIP			CHY-ST	_		
TITLE		☐ Delete	TITLE		☐ Change ☐ ↑	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP	}		STREET A	ADDRESS		
IIILE		☐ Deiete	TITLE		Change [A	
NAME			NAME		- Company	
STREET ADDRESS CITY-ST-ZIP				ADDRESS		
HILE	<u> </u>		CITY-ST	-214		
NAME		☐ Delete	TITLE NAME		Change — [] A	
STREET ADDRESS			•	ADDRESS		
CITY ST-2IP			CITY-ST	- ZIP		
DILE		☐ Delete	mie		☐ Change ☐ △	
NAME Street address			NAME STREET A	IDDRESS		
CITY-ST ZIP			CHY-SI	· I		
12. I hereby	certify that the information supplied	with this filing does not qualify fo	or the exemp	tion stated in Sec	ction 119.07(3)(i), Florida Statutes. I further certify that the information	
of the cor	on this report on supplemental report poration of the receiver or trustee of	rt is true and accurate and that i mpowered to execute this report	my signature t as required	e shall have the s i by Chapter 607	ction 119.07(3)(1), Florida Statutes, I further certify that the information ame legal effect as if made under oath; that I am an officer or direct products, and that my name appears in Block 10 or Block	
changed,	, or on an enachment with an addies	55, with all other like empowered	J.	1		

Cres

954-584-5258 Dayline Prone #

SIGNATURE: Just Sobiewski Sanature and typed on printed name of signing officer or director