FOR PROFIT CORPORATION
— UNIFORM BUSINESS REPORT (UBR) —

DOCUMENT # *HO4529*

1. Entity Name

DAPHNE'S ENTERPRISES, INC

FILED

May 23, 2003 8:00 am
Secretary of State
05-23-2003 90145 025 ***150.00

90137676

2. Principal Place of Business	3. Mailing Address
310 W MCNAB ROAD	*7310 WHCNab RD*
Suite, Apt. #, etc. *101*	Suite, Apt. #, etc. *101*
City & State *TAMARAC FL*	City & State *TAMARAC FL*
Zip *33321* Country *USA*	Zip *33321* Country *USA* ~~Canada~~

4. FEI Number *592427595*	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *ROSS, Greg*

Street Address (P.O. Box Number is Not Acceptable) *400 SE 8 STREET*

City *FORT LAUDERDALE* FL Zip Code *33316*

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

9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		
TITLE	*PRESIDENT*	TITLE	
NAME	*Vivienne Goldson*	NAME	
STREET ADDRESS	*23151 Floralwood Lane*	STREET ADDRESS	
CITY-ST-ZIP	*Boca Raton, FL 33433*	CITY-ST-ZIP	
TITLE	*V-President*	TITLE	
NAME	*Randolph Goldson*	NAME	
STREET ADDRESS	*23151 Floralwood Lane*	STREET ADDRESS	
CITY-ST-ZIP	*Boca Raton, FL 33433*	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ *Vivienne Goldson* *4/28/03* (954) 720-0943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034B (12/02)