



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # H85336 1. Entity Name THE DORSI COMPANY				
Principal Place of Business 4944 N.W. 48 AVE. TAMARAC, FL 33319 US		Mailing Address P.O. BOX 8129 CORAL SPRINGS, FL 33319 US		
DO NOT WRITE IN THIS SPACE				
				01232005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2637417		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WILPON, SIMON 4944 NW 48 AVE TAMARAC, FL 33319		DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000325803 04/23/05-80032-001 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILPON, SIMON 4944 NW 48 AV TAMARAC, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILPON, DORIS 4944 NW 48 AV TAMARAC, FL			
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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:  SIMON WILPON VP		Date 4/20/05 Daytime Phone # 954 485 1022		