

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # K32396**

1. Entity Name  
**DABOOR HOLDINGS, INC.**



Principal Place of Business  
**P.O. BOX 916610  
LONGWOOD, FL 32791-6610**

Mailing Address  
**P.O. BOX 916610  
LONGWOOD, FL 32791-6610**



02112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0224163** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FORD, LACE  
80 SW 8TH STREET  
#2810  
MIAMI, FL 33133**

**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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when filing.)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	FORD, LACE
STREET ADDRESS	801 BRICKELL AVE 24 FL
CITY, ST, ZIP	MIAMI, FL
TITLE	S
NAME	MCANDREW, ROBERT
STREET ADDRESS	80 SW 8TH ST #2810
CITY, ST, ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

U000000062173  
02/23/04-80109-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LACE Ford**

**2/11/04**

DATE

**407-802-6572**

Daytime Phone If