

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # K61127

1. Entity Name  
D.T. OF FORT LAUDERDALE, INC.



Principal Place of Business  
700 E DANIA BCH BLVD  
#202  
DANIA, FL 33004

Mailing Address  
700 E DANIA BCH BLVD  
#202  
DANIA, FL 33004

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0097201	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

TOURANGEAU, JACQUES  
401 SW 4TH AVENUE, # 301  
FORT LAUDERDALE, FL 33315

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
9765 BOWLINE DR. # 201	
City WEST PALM BEACH	FL Zip Code 33441

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME TOURANGEAU, JACQUES  
STREET ADDRESS 401 SW 4TH AVENUE # 301  
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

Change  Addition  
9765 BOWLINE DR # 201  
WEST PLAM BEACH, FL 33441

TITLE DP  
NAME DUFOUR, GERALD  
STREET ADDRESS 401 SW 4TH AVENUE, #301  
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

Change  Addition  
9765 BOWLINE DR # 201  
WEST PALM BACH, FL 33441

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

01/24/08 561-753-1986  
Date Daytime Phone #