


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # L10636

1. Entity Name
DUBSDREAD ENTERPRISES, INC.



Principal Place of Business
**3471 RIVER GARDEN CIRCLE
 PENSACOLA, FL 32514 US**

Mailing Address
**37 MAIN STREET
 P.O. BOX 477
 COLD SPRING HARBOR, NY 11724-0477 US**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0164556 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ISERMAN, JORDAN C
 3471 RIVER GARDEN CIRCLE
 PENSACOLA, FL 32514**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

000000051456
 02/16/04-80052-012 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISERMAN, JORDAN M. 37 MAIN ST P O BOX 477 NA COLD SPRINGS HARBOR, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COSBAN EDITH 37 MAIN ST P O BOX 477 NA COLD SPRINGS HARBOR, NY
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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: *Jordan C. Iserman* Date: 1/26/04 Daytime Phone #: 631-692-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR