


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90099 012 \*\*\*150.00

<b>DOCUMENT # L13563</b> 1. Entity Name DEX TRI-COUNTY, INC.	
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40101115



Principal Place of Business 7544 W MCNAB RD BAY C-27 COCONUT CREEK, FL 33073	Mailing Address 7544 W MCNAB RD BAY C-27 COCONUT CREEK, FL 33073
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2. Principal Place of Business - No P.O. Box # 7544 W. McNab Road	3. Mailing Address 7544 W. McNab Road
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Suite, Apt. #, etc. Bay C-27	Suite, Apt. #, etc. Bay C-27
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City & State North Lauderdale, FL	City & State North Lauderdale, FL
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Zip 33068	Country USA	Zip 33068	Country USA
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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HORWITZ, WAYNE CPA 800 CORPORATE DR SUITE 310 FORT LAUDERDALE, FL 33334	Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD KEOUGH, JOSEPH 11130 HERON BAY BLVD #423 POMPAÑO BEACH, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD KEOUGH, JOSEPH 7544 W. MCNAB ROAD, BAY C-27 NORTH LAUDERDALE, FL 33068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Date: 4/30/07 Daytime Phone: 954-914-8888