## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 02, 2004 08:00 AM Secretary of State

DOCUMENT # N 1, Entity Name DACRA DEVELOPMEN		
Principal Place of Business	Mailing Address	
1632 PENNSYLVANIA AVE MIAMI BEACH, FL 33139 U	1632 PENNSYLVANIA AVE IS Miami Beach, FL 33139	US



## DO NOT WRITE IN THIS SPACE

02112004 No Chg-P CR2E034 (10/03)

4.	FEI Number
	59-2848011

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

ь.	Name and	Address of	Current	Hegistered	Agent

ROBINS, CRAIG 1632 PENNSYLVANIA AVE MIAMI BEACH, FL 33139

## DO NOT WRITE IN THIS SPACE

	,			IN I	THIS SPACE
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida I am familiar with, and accept
SIGNATURE	Signature typed or printed name of registered agent and title i	f apolicable (NOTE Flagistered A	igent signature	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financi     Trust Fund Contribution	ng	\$5.00 May Be Added to Fees	
THLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	OFFICERS AND DIRECT PDS ROBINS, CRAIG 1632 PENNSYLVANIA AVE MIAMI BEACH, FL 33139 VP GRETENSTEIN, STEVEN 1632 PENNSYLVANIA AVE MIAMI BEACH, FL 33139	TURS		DO	1/00000101723 04/02/04-80025-018 150,00 <b>NOT WRITE</b>
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME		<del>.</del>			

12. I hereby certify that the information supplemental eport 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 of truther employered 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 archive, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-JP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

<u>2·11·04 (305)53</u>

Daytime Phone #