

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90027 008 \*\*\*150.00

**DOCUMENT # M71900**

1. Entity Name  
DC MANAGER NORTH, INC.



Principal Place of Business  
% LAWRENCE GODOFSKY  
1221 BRICKELL AVE.  
MIAMI, FL 33131

Mailing Address  
1700 STUTZ DR  
#25  
TROY, MI 48084 US

**DO NOT WRITE IN THIS SPACE**



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number **38-3324207** Applied For  
~~38-2504365~~ Not Applicable

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

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

REG, AGTS., OF FLORIDA LLC  
100 SE 2ND STREET SUITE 3500  
MIAMI, FL 33131

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PSD  
NAME DANTO, JAMES  
STREET ADDRESS 1700 STUTZ DR., #25  
CITY-ST-ZIP TROY, MI

TITLE VD  
NAME DANTO, BETTY J.  
STREET ADDRESS 1700 STUTZ DR., #25  
CITY-ST-ZIP TROY, MI

TITLE CCT  
NAME DANTO, MARVIN  
STREET ADDRESS 1700 STUTZ DR., #25  
CITY-ST-ZIP TROY, MI

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 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:** JAMES DANTO **JAMES DANTO** 3/17/05 248-649-4770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #