


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90256 004 \*\*\*150.00

<b>DOCUMENT # M73955</b>	
1. Entity Name <b>D B S ENTERPRISE, INC.</b>	


Principal Place of Business <b>2500 HOLLYWOOD BLVD SUITE 406 HOLLYWOOD FL 33020 US</b>	Mailing Address <b>28491 SILVER PALM DRIVE 403 PUNTA GORDA FL 33982 US</b>
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2. Principal Place of Business	3. Mailing Address <b>28435 Sabal Palm Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State <b>Punta Gorda, FL.</b>
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Zip	Country	Zip	Country
		<b>33982</b>	<b>US</b>

6. Name and Address of Current Registered Agent <b>BIONI, DOMINIC A. 28491 SILVER PALM DRIVE # 403 PUNTA GORDA FL 33982</b>	
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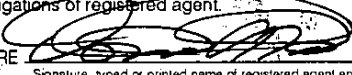
1st MOORE CR2E034 (10/04)

4. FEI Number <b>65-0042545</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>28435 Sabal Palm Drive</b>
City	<b>Punta Gorda, FL</b>
Zip Code	<b>33982</b>

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  **Dominic A. Bioni, President** **3/1/05**  
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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTS BIONI, DOMINIC A. 28491 SILVER PALM DRIVE PUNTA GORDA FL 33982</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BIONI, DOMINIC A. 28491 SILVER PALM DRIVE PUNTA GORDA FL 33982</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>28435 Sabal Palm Drive Punta Gorda, FL. 33982</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>28435 Sabal Palm Drive Punta Gorda, FL. 33982</b>
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"/> Change <input type="checkbox"/> Addition
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 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:  **Dominic A. Bioni, pres.** **3/1/05** **941-575-3532**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #