

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90022 041 ***150.00

DOCUMENT # M97308

1. Entity Name
D & D PROMOTIONS, INC.



Principal Place of Business
**C/O LEWIS B. FREEMAN
2601 S. BAYSHORE DR 19 FO
COCONUT GROVE, FL 33133 US**

Mailing Address
**C/O LEWIS B. FREEMAN
2601 S. BAYSHORE DR 19 FO
COCONUT GROVE, FL 33133 US**

54014010



2. Principal Place of Business
2675 S. Bayshore Dr.

3. Mailing Address
2675 S. Bayshore Dr.

Suite, Apt. #, etc.

01072004 Chg-P CR2E034 (10/03)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0072121

Applied For
Not Applicable

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

Zip Country Zip Country
33133 USA 33133 USA

6. Name and Address of Current Registered Agent

**FREEMAN, LEWIS B
2601 S. BAYSHORE DRIVE 19 FLOOR
COCONUT GROVE, FL 33133**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2675 S. Bayshore Dr.

City **Miami** FL Zip Code **33133**

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 _____
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
ROTHSTEIN, RON
2601 S. BAYSHORE DRIVE 19 FLOOR
COCONUT GROVE, FL 33133**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

**2675 S. Bayshore Dr.
Miami, FL 33133**

TITLE
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☐ Change ☐ Addition

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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: *Ron Rothstein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04 786-371-8772
Date Daytime Phone #