

Jan 26 05 12:56p Prudential 1st Comm Svcs.

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-16-2005 90076 001 ****30.63
02-16-2005 90076 002 ****30.62

DOCUMENT # N02000002451

1. Entity Name

DEPOT WAREHOUSE CENTER ASSOCIATION, INC.



Principal Place of Business
777 S FEDERAL HWY
FT LAUDERDALE FL 33316

Mailing Address
777 S FEDERAL HWY
FT LAUDERDALE FL 33316

66004147



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-3035225

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSE, HEINO
4900 N. OCEAN BLVD. #617
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 a new agent is added)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
First Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
	ROSE, HEINO	4900 N. OCEAN BLVD. #617	FORT LAUDERDALE FL 33308	
	HOLBIK, GOFFREDO	750 MIDDLE RIVER DRIVE	FORT LAUDERDALE FL 33304	☒
	HOLBIK, GOFFREDO	750 MIDDLE RIVER DRIVE	FORT LAUDERDALE FL 33304	☒
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY MONTH YEAR

01/26/05