
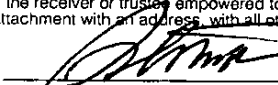


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90319 016 \*\*\*\*61.25

<b>DOCUMENT # N21626</b> 1. Entity Name <b>THE DBA PROGRAM, INC.</b>					
Principal Place of Business <b>300 NW 12 AVE</b> <b>MIAMI, FL 33128 US</b>			Mailing Address <b>300 NW 12 AVE</b> <b>MIAMI, FL 33128 US</b>		
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 <b>59-2839966</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARTORANO, SAL</b> <b>300 N W 12 AVE</b> <b>MIAMI, FL 33128</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLEMENTS, CHARLES III		NAME		
STREET ADDRESS	300 NW 12TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33128		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOMINGUEZ, AUGUSTIN		NAME		
STREET ADDRESS	300 NW 12TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33128		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTORANO, SAL		NAME	DVT	
STREET ADDRESS	300 NW 12 TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33128		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REVALES, RONALD		NAME		
STREET ADDRESS	300 NW 12TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33128		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANDERSON, EUGENIA		NAME	Sibley, Russell A., Jr.	
STREET ADDRESS	300 NW 12 AVE		STREET ADDRESS	300 NW 12 Avenue	
CITY-ST-ZIP	MIAMI, FL 33128		CITY-ST-ZIP	Miami, Florida 33128	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Rodriguez, Kathleen	
STREET ADDRESS			STREET ADDRESS	300 NW 12 Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, Florida 33128	
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 617, 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.					
<b>SIGNATURE:</b>  <b>Salvatore Martorano</b> <b>03/04/2005</b> <b>(305) 324-5505</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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