

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91062 016 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P00000049598</b> 1. Entity Name <b>DOLPH ENTERPRISES, INC.</b>				<b>90099785</b>	
Principal Place of Business 4701 LYONS ROAD UNIT #54 COCONUT CREEK, FL 33073		Mailing Address 4701 LYONS ROAD UNIT #54 COCONUT CREEK, FL 33073			
2. Principal Place of Business 1841 SW 29th AVE Suite, Apt. #, etc. <b>FORT LAUDERDALE</b> City & State <b>FLORIDA</b>		3. Mailing Address 1841 SW 29th AVE Suite, Apt. #, etc. <b>FORT LAUDERDALE</b> City & State <b>FLORIDA</b>			
33312 County <b>USA</b>		33312 County <b>USA</b>			
4. FEI Number <b>65-1011027</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent HERMAN, RUDOLPH C. III 4701 LYONS ROAD #54 COCONUT CREEK, FL 33073		7. Name and Address of New Registered Agent Name <b>Rudolph Charles Herman III</b> Street Address <b>1841 SW 29th AVE</b> <b>FORT LAUDERDALE</b> City <b>FLORIDA</b> FL <b>33312</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 <i>Rudolph Charles Herman III</i> DATE <b>4/15/03</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.)</small>					
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$560.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HERMAN, RUDOLPH C III 4701 LYONS ROAD #54 COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RUDOLPH CHARLES HERMAN III</b> <b>1841 SW 29th AVE</b> <b>FT. LAUD. FLA 33312</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAHWAN, TAMMY 4701 LYONS ROAD #54 COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TAMMY HERMAN</b> Change <input type="checkbox"/> Addition <input type="checkbox"/> <b>1841 SW 29th AVE</b> <b>FT. LAUD. FLA 33312</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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 507, 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: <i>Rudolph Charles Herman</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2034 (10/02)