

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-27-2005 90339 048 \*\*\*150.00

**DOCUMENT # P01000038955**

1. Entity Name  
**DOROGIE PRODUCTION, INC.**



Principal Place of Business  
**5500 NW 2ND AVE STE 417  
BOCA RATON, FL 33487**

Mailing Address  
**PO BOX 272761  
BOCA RATON, FL 33427**

**40048653**



01272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**37-1420845**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**EACCOUNTMALL.COM LLC  
1437 NE 4TH AVENUE 2331 NE 5TH AVENUE  
FT LAUDERDALE, FL 33304 Pompano Beach, FL 33064**

**DO NOT WRITE  
IN THIS SPACE**

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]* for *EACCOUNTMALL.COM LLC*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

*1-27-2005*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                |                                |
|----------------|--------------------------------|
| TITLE          | DPT                            |
| NAME           | LAURENT, JEAN R                |
| STREET ADDRESS | 5500 NW 2ND AVE STE 417        |
| CITY-ST-ZIP    | BOCA RATON, FL 33487           |
| TITLE          | DVS                            |
| NAME           | LAURENT, JUDITH V              |
| STREET ADDRESS | 3100 N PINE ISLAND RD UNIT 207 |
| CITY-ST-ZIP    | SUNRISE, FL 33351              |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |

**DO NOT WRITE  
IN THIS SPACE**

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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #