2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000072479

1. Entity Name

DILSON ENTERPRISES, INC.





FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90286 031 ***150 00

						9						
Principal Place	e of Busines	s	Mailing	Mailing Address				60025570				
C/O ENGELBI		R & MILGRIM, P.L.		C/O ENGELBERG, CANTOR & MILGRIM, P.L.								
HOLLYWOOD				3230 STIRLING RD., STE. 1 HOLLYWOOD, FL 33021								
A B · · · · · · · · · · · · · · · · · · ·												
2. Principal Place of Business c/o Morris Engelberg, Esq.				3. Mailing Address c/o Morris Engelberg, Esq.								
Suite, Apt. #, etc.				Suite, Apt. #, etc.								
4040 Sheridan				4040 Sheridan				02112006	Chg-P	CR2E	034 (11/05)	
City & State Hollywood, Florida				City & State Hollywood, Florida				4. FEI Numb 65-112			 	plied For t Applicable
Zip 33021	50, 110	Country USA		Zip Country USA					of Status Desired	П	\$8.75 Add	litional
6. Name and Address of Current R				L				7. Name and Address of New Registered Agent				
ļ	V. Heine	and Address of Corren	· · · · · · · · · · · · · · · · · · ·	o Agent		Name		7. Italiio and	Audress of New 1	registered	Agent	· -
ENGELBE						Ctroot A	ddroor (D.O. Boy Numb	er is Not Acceptab	la\		
3230 STIR		CANTOR & MILGRI STF 1	M, P.L.			4040	She	ridan St	reet			
HOLLYWO			s'									
			, .			City	/			FL	Zip Code	
8. The above	námed entit	y submits this statement	or the pur	ose otchanging its	regist	Holl defice or	ywod register	d ed agent, or bo	th, in the State of F		- 3302] familiar with,	
the obligat	tions of regis	tered agent.		1) U, V, C	(()	F	~1					
SIGNATURE	Morris	Engelberg,	Esq.	XVXVX	ν	W)	لملا			03/2	7/2006	
		or printed name of registered ager		lia (NOTI	E Registere	d Agent signa	ire required	en einstabng)		DATE		
}		•		9. Election Campai	an Einan	nine:	.	00				
		FEE IS \$150.00 6 Fee will be \$550		Trust Fund Cont	~			.00 May Be led to Fees				
10.		OFFICERS ANI	D DIRECTO	RS	11.			ADDITIONS	CHANGES TO OF	FICERS AN	D DIRECTORS	S (N 11
TITLE	PSD			☐ Delete	TITLE						x k Change	Addition
NAME	1	JEFFREY			NAM	_						
STREET ADDRESS	į.	RLING RD., STE. 1 OOD, FL 33021				ET ADDRESS -ST-ZIP	ı		an Street			
TITLE	HOLLIV	OOD, FL 33021			_		HOT	TAMOOG,	Florida	33021		□ #4400
NAME				☐ Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE				☐ Delete	TITLE	-				-	Change	Addition
NAME OTREET ADDRESS					NAM							
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST - ZIP						
TITLE												☐ Addition
NAME				☐ Delete	TITU NAM						Change	Addition
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY	- ST - ZIP						
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TITLE	<u> </u>	<u> </u>		☐ Delete	TITL						☐ Change	Addition
NAME					NAM							
STREET ADDRESS					STRE	ET ADDRESS						
CITY-ST-ZIP					CITY	- \$1 - ZiP	<u> </u>					
12. Thereby	certify that th	ne information supplied w	th this filing	does not qualify for	or the ex-	emptions o	contained	d in Chapter 11	9. Florida Statutes.	I further ce	rtify that the in	nformation

indicated on this report or supplied with this hinds does not qualify for the exemptions contained in Chapter 19, Florida Statutes. If further cettily 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 trusteer embowered 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:

954-966-3900