

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90040 001 ***150.00

DOCUMENT # P01000077572

1. Entity Name
DAUPHIN I-SOLUTIONS, INC.



Principal Place of Business
**999 BRICKELL AVENUE
SUITE 1006
MIAMI, FL 33131**

Mailing Address
**999 BRICKELL AVENUE
SUITE 1006
MIAMI, FL 33131**

54015750



2. Principal Place of Business
**1395 BRICKELL AVENUE
Suite, Apt. #, etc.
SUITE 430**

3. Mailing Address
**1395 BRICKELL AVENUE
Suite, Apt. #, etc.
SUITE 430**

03022004 Chg-P CR2E034 (10/03)

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
72-1572037

Applied For
Not Applicable

Zip
33131

Country

Zip
33131

Country

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

6. Name and Address of Current Registered Agent

**ROBERT W. STEWART, P.A.
999 BRICKELL AVENUE
SUITE 1006
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **ROBERT W. STEWART, - P.A.**
Street Address (P.O. Box Number is Not Acceptable)
**1395 BRICKELL AVENUE
SUITE 430**
City **MIAMI** FL Zip Code **33131**

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 **Robert W. Stewart, P.A.** (NOTE: Registered Agent signature required when reinstating)

DATE **3.2.04**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	OSNI DE OLIVEIRA, JR.	
STREET ADDRESS	RUA DR. NEREU RAMOS NO. 750	
CITY-ST-ZIP	GASPAR-SC-BRAZIL-89110-000,	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, MARIA C	
STREET ADDRESS	999 BRICKELL AVENUE #1006	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, MARIA C.	
STREET ADDRESS	1395 BRICKELL AVENUE, 430	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SEC. MARIA C STEWART

DATE **3.2.04**

DAYTIME PHONE **305.3587272**