


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90022 011 \*\*\*150.00

DOCUMENT # P01000080103 1. Entity Name DTD ENTERPRISES, INC.	
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Principal Place of Business 4301 W. SR46 SANFORD, FL 32771	Mailing Address 7710 APPLETREE CIRCLE ORLANDO, FL 32819
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66011479



**DO NOT WRITE IN THIS SPACE**

03042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3740881	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MAI, SHAO F 7710 APPLETREE CIRCLE ORLANDO, FL 32819
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**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]*

(NOTE: Registered Agent signature required when reinstating)

3/30/05

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 NAME STREET ADDRESS CITY - ST - ZIP	D MORIMOTO, TOMOMI 7710 APPLETREE CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAI, SHAO F 7710 APPLETREE CIRCLE ORLANDO, FL 32819
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**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: *X*

*[Signature]* - SHAO F. MAI

4/12/05

407-970-6798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone