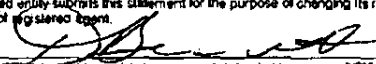
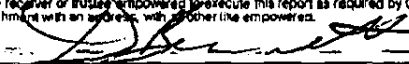


FILED
May 19, 2003 8:00 am
Secretary of State

04-23-2003 90172 002 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000101419		55041939	
1. Entity Name DLB ENTERPRISES, INC.			
Principal Place of Business 11811 SW 174TH AVE MIAMI, FL 33177		Mailing Address 11811 SW 174TH AVE MIAMI, FL 33177	
2. Principal Place of Business 11811 SW 174TH AVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State FLORIDA	
Zip 33177		Zip 33177	
4. FEI Number 65-1149581		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNETT, DEVON 11050 SW 197TH ST STE C-311 MIAMI, FL 33157		7. Name and Address of New Registered Agent Name BENNETT, DEVON Street Address (P.O. Box Number is Not Acceptable) 11811 SW 174TH AVE City MIAMI FL Zip Code 33177	
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 agents.			
SIGNATURE 		4-19-03	
9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D NAME BENNETT, DEVON STREET ADDRESS 11050 SW 197TH ST STE C-311 CITY-STATE-ZIP MIAMI, FL 33157		TITLE PRESIDENT NAME BENNETT, DEVON STREET ADDRESS 11811 SW 174TH AVE CITY-STATE-ZIP MIAMI, FL 33177	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-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 registrar 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 affidavit, with another (the empowered).			
SIGNATURE 		4-19-03	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

PRESIDENT