

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2005 08:00 AM
Secretary of State**DOCUMENT # P01000106314**1. Entity Name
DOCTOR DETAIL, INC.Principal Place of Business
**5879 AZELEA CIR
WEST PALM BEACH, FL 33415**Mailing Address
**P O BOX 7162
LAKE WORTH, FL 33466**

042B2005 No Chg-P CP2E034 (10/03)

4. FEI Number
64-1153041Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****DO NOT WRITE IN THIS SPACE****8. Name and Address of Current Registered Agent****MALDONADO, BRINOLFO
5879 AZELEA CIRCLE
WEST PALM BEACH, FL 33415****DO NOT WRITE
IN THIS SPACE**

9. 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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reattaching)

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	PSD
NAME	MALDONADO, BRINOLFO
STREET ADDRESS	5879 AZELEA CIR
CITY-ST-ZIP	WEST PALM BEACH, FL 33415

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U00000347210
04/30/05-80106-019 150.00**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 #

04/22/05