

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000027192

1. Entity Name
DFASS LIMITED, INC.



FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90033 002 ***150.00

Principal Place of Business
1166 KANE CONCOURSE
#301
BAY HARBOR ISLANDS, FL 33154

Mailing Address
1166 KANE CONCOURSE
#301
BAY HARBOR ISLANDS, FL 33154



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number
11-3652942

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHN GARNER
1166 KANE CONCOURSE, STE #300
BAY HARBOR ISLAND, FL 33154

**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, typed or printed name of registered agent and title if applicable.

JOHN GARNER

(NOTE: Registered Agent signature required when reinstating)

2/09/05

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	DCEO KLEPACH, BERNARD 1166 KANE CONCOURSE, STE.301 BAY HARBOR ISLANDS, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARNER, JOHN 1166 KANE CONCOURSE, STE.301 BAY HARBOR ISLANDS, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DHARMAGUNARATNE, TISSA 1166 KANE CONCOURSE, STE.301 BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 190.07(3)(f), 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:

JOHN GARNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KLEPACH

2/9/05 305-864-5788

Daytime Phone #