

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90428 033 ***150.00

DOCUMENT # P02000058737

1. Entity Name
DT GLOBAL CORP.



Principal Place of Business
1948 NW 54 AVE
MARGATE, FL 33063

Mailing Address
1948 NW 54 AVE
MARGATE, FL 33063

40060486



03242006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0673838

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

ROSENTHAL,
1948 NW 54 AVE
MARGATE, FL 33063

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P.
NAME	ROSENTHAL, DON
STREET ADDRESS	7886 NW 62 WAY
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	T
NAME	ROSENTHAL, TELMA
STREET ADDRESS	7886 NW 62 WAY
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	VP
NAME	RISPADI, THOMAS
STREET ADDRESS	3900 89TH RD S
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	S
NAME	RISPOLI, LISA
STREET ADDRESS	3900 89TH RD S
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/18/06

954-974-0579