


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90019 013 \*\*\*150.00

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| <b>DOCUMENT # P02000058857</b>                 |  |
| 1. Entity Name<br><b>DV ACQUISITIONS CORP.</b> |   |

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|---|--|
| Principal Place of Business<br><b>1415 S FEDERAL HWY<br/>BOYNTON BCH FL 33425</b> | Mailing Address<br><b>PO BOX 160<br/>BOYNTON BCH FL 33425-0160</b> |
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| 2. Principal Place of Business<br><b>1481 W. 15TH ST.</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>1481 W. 15TH ST.</b><br>Suite, Apt. #, etc. |
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| City & State<br><b>RIVIERA BCH, FL</b> | City & State<br><b>RIVIERA BCH, FL</b> |
| Zip<br><b>33404</b>                    | Country<br><b>US</b>                   |

|   |  |
|---|--|
| 4. FEI Number<br><b>03-0453105</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>VLASSIS, DENNIS<br/>1415 S FEDERAL HWY<br/>BOYNTON BCH FL 33425</b> |  |
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| 7. Name and Address of New Registered Agent<br><b>VLASSIS, DENNIS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1481 W. 15TH ST.</b><br>City<br><b>RIVIERA BCH</b> <b>FL</b> Zip Code<br><b>33404</b> |  |
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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 *Dennis Vlassis* *Dennis Vlassis* *2-6-04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CPD<br>VLASSIS, DENNIS<br>1415 S FEDERAL HWY<br>BOYNTON BEACH FL 33435 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>O'NEILL, PAMELA<br>1315 S CLEVELAND-MASSILLON RD<br>COPLEY OH 44321 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>GRAVES, KEITH<br>1315 S CLEVELAND-MASSILLON RD<br>COPLEY OH 44321 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>VLASSIS, MARGOT<br>1415 S FEDERAL HWY<br>BOYNTON BEACH FL 33435 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Dennis Vlassis* *Dennis Vlassis* *2-6-04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #