

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90072 018 ***150.00

DOCUMENT # P02000064624

1. Entity Name
DEA MANAGER, INC.



Principal Place of Business
**550 SOUTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33301**

Mailing Address
**550 SOUTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33301**

50021133



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HCRM CORP.
2220 N.W. CORPORATE BLVD, STE 401
BOCA RATON, FL 33431**

Name **Daniel E. Adache**

Street Address (P.O. Box Number is Not Acceptable)

550 S. Federal Highway

City **Ft Lauderdale**

FL

Zip Code **33301**

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

2/23/05

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P ADACHE, DANIEL E**
STREET ADDRESS **550 SOUTH FEDERAL HIGHWAY**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Daniel E. Adache Feb 23 05

954 525 8133