

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90008 027 ***150.00

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1. Entity Name
DART PROPERTIES, INC.



Principal Place of Business
**PO BOX 260879
PEMBROKE PINES, FL 33026**

Mailing Address
**PO BOX 260879
PEMBROKE PINES, FL 33026**

34040111



2. Principal Place of Business
**C/O Lance P. Mirrer, CPA
Suite, Apt. #, etc.
PO Box 290548**

3. Mailing Address
**C/O Lance P. Mirrer, CPA
Suite, Apt. #, etc.
PO Box 290548**

03172004 Chg-P CR2E034 (10/03)

City & State
Davie, FL

City & State
Davie, FL

4. FEI Number
11-3650475

Applied For
☐ Not Applicable

Zip Country
33329-0548 U.S.

Zip Country
33329-0548 U.S.

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

6. Name and Address of Current Registered Agent

**MIRRER, CPA, LANCE P
5400 S. UNIVERSITY DR., STE 601
DAVIE, FL 33328**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME D'ALESSANDRO, THERESA
STREET ADDRESS PO BOX 260879
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE V ☐ Delete
NAME D'ALESSANDRO, DIANE
STREET ADDRESS PO BOX 260879
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME D'Alessandro, Theresa
STREET ADDRESS PO Box 290548
CITY-ST-ZIP Davie, FL. 33329-0548

TITLE V ☒ Change ☐ Addition
NAME D'Alessandro, Diane
STREET ADDRESS PO Box 290548
CITY-ST-ZIP Davie, FL. 33329-0548

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

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

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

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

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] President

4/2/2004

Date

Daytime Phone #