

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000103505

1. Entity Name
DLHB, INC.



Principal Place of Business

16290 NW 13 AVE
MIAMI, FL 33169

Mailing Address

16290 NW 13 AVE
MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number
52-2381041

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AVITABLE, LEE
16290 NW 13 AVE
MIAMI, FL 33169

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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

Registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AVITABLE, LEON
STREET ADDRESS	16290 NW 13 AVE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	YABLON, HAL
STREET ADDRESS	16290 NW 13 AVE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000705519
04/23/07-80056-011 150.00

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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 #