

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000115254

1. Entity Name
DTG OF SUNSET SQUARE, INC.



Principal Place of Business
1836 MONTE CARLO WAY
CORAL SPRINGS, FL 33071

Mailing Address
1836 MONTE CARLO WAY
CORAL SPRINGS, FL 33071

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent

WEINBERG, STEVEN A
FRANK, WEINBERG & BLACK, P.L.
7805 SW SIXTH CT
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

City

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 D Delete
NAME CIANCIULLI, STEPHEN E
STREET ADDRESS 7400 SW 67 AVE STE 220A
CITY-ST-ZIP MIAMI, FL 33176

TITLE D Delete
NAME GOBSTEIN, HAROLD
STREET ADDRESS 1836 MONTE CARLO WAY
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 1581 BRICKELL AVE T-206
MIAMI, FL 33129

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 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: Harold Gobstein, HAROLD GOBSTEIN, 5/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90337 019 ***150.00

40072073



04252006 Chg-P CR2E034 (11/05)

4. FEI Number 30-0127113	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional
Fee Required

FL Zip Code