

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-07-2004 90010 029 \*\*\*150.00

**DOCUMENT # P02000124821**

1. Entity Name

DOB INVESTMENTS CORPORATION



Principal Place of Business

11465 S.W. 59TH TERR.  
MIAMI FL 33173

Mailing Address

P.O BOX 651835  
MIAMI FL 33265

2. Principal Place of Business

11370 SW 60 TERRACE

3. Mailing Address

11370 SW 60 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33173

Country

U.S.

Zip

33173

Country

U.S.



MOORE

CR2E034 (11/03)

4. FEI Number

11-3668059

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOBARGANES, MOISES J  
11465 S.W. 59TH TERR.  
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name: **MOISES DOBARGANES**

Street Address (P.O. Box Number is Not Acceptable)  
**11370 SW 60 TERRACE**

City: **MIAMI**

FL

Zip Code: **33173**

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PVST  
NAME: DOBARGANES, MOISES J ☒ Delete  
STREET ADDRESS: 11465 S.W. 59TH TERR.  
CITY-ST-ZIP: MIAMI FL 33173

TITLE: D ☒ Delete  
NAME: DOBARGANES, MOISES J  
STREET ADDRESS: 11465 S.W. 59TH TERR.  
CITY-ST-ZIP: MIAMI FL 33173

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: PVST ☒ Change ☐ Addition  
NAME: **MOISES DOBARGANES**  
STREET ADDRESS: **11370 SW 60 TERRACE**  
CITY-ST-ZIP: **MIAMI, FL 33173**

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:

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Moises Dobarganes** 3/30/04 (305) 596 9244