

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90374 017 ***150.00

DOCUMENT # P03000005629 1. Entity Name DBKN GULF INCORPORATED					
Principal Place of Business 501 CONTINENTAL PLAZA, 3250 MARY ST COCONUT GROVE, FL 33133			Mailing Address 501 CONTINENTAL PLAZA, 3250 MARY ST COCONUT GROVE, FL 33133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04062006 Chg-P CR2E034 (11/05)	
4. FEI Number 51-0452771				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRONIG, STEVEN C ESQ 307 CONTINENTAL PLAZA, 3250 MARY ST COCONUT GROVE, FL 33133			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERMAN, DANA 501 CONTINENTAL PLAZA, 3250 MARY ST COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NOVAK, KEITH 501 CONTINENTAL PLAZA, 3250 MARY ST COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/21/06 Daytime Phone # 305 341-0600		

ATTACHMENT

40061060

#P03000005629

T H E B E R M A N G R O U P

April 21, 2006

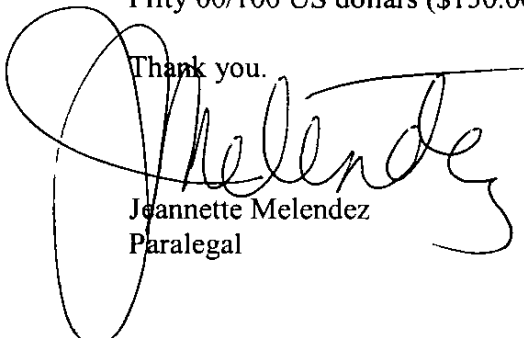
Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: DBKN Gulf Incorporated
FEI No.: 51-0452771

Dear Sir/Madam:

Enclosed herewith, please find check number 1197 in the amount of One Hundred and Fifty 00/100 US dollars (\$150.00) for the 2006 Profit Corporation Annual Report.

Thank you.


Jeannette Melendez
Paralegal