

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90031 020 ***158.75

DOCUMENT # P03000013418					
1. Entity Name DOLPHIN BUILDERS MANAGEMENT COMPANY, INC.					
Principal Place of Business 9600 SW 8TH ST, STE 50 MIAMI, FL 33174		Mailing Address 9600 SW 8TH ST, STE 50 MIAMI, FL 33174			
2. Principal Place of Business 8101 PARK BLVD		3. Mailing Address 8101 PARK BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 14-1870688	
Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33126	Country MIAMI-DADE	Zip 33126	Country MIAMI-DADE	01162004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent RUIZ, ROBERTO N 9600 SW 8TH ST, STE 50 MIAMI, FL 33174			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
8101 PARK BLVD			8101 PARK BLVD		
City MIAMI			City MIAMI		
Zip Code 33126			Zip Code 33126		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUIZ, ROBERTO N		NAME		
STREET ADDRESS	9600 SW 8TH ST, STE 50		STREET ADDRESS	8101 PARK BLVD	
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP	MIAMI FLA 33126	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUIZ, CARMEN		NAME		
STREET ADDRESS	9600 SW 8TH ST, STE 50		STREET ADDRESS	8101 PARK BLVD	
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____			Date 1-27-04 Daytime Phone # 305 554-7777		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		