
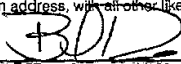


Feb 21
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**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000013418		
1. Entity Name DOLPHIN BUILDERS MANAGEMENT COMPANY, INC.		
Principal Place of Business 8101 PARK BLVD MIAMI, FL 33126		Mailing Address 8101 PARK BLVD MIAMI, FL 33126
DO NOT WRITE IN THIS SPACE		
		01172005 No Chg-P CR2E034 (10/03)
4. FEI Number 14-1870688		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RUIZ, ROBERTO N 8101 PARK BLVD MIAMI, FL 33126		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RUIZ, ROBERTO N 8101 PARK BLVD MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS RUIZ, CARMEN 8101 PARK BLVD MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(f), 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: 		2/18/05 305-552-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #