

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90041 033 ***150.00

DOCUMENT # P03000020156

1. Entity Name
DONDEE BONDING CO.



Principal Place of Business
**1454 N.W. 17TH AVENUE, # 202
MIAMI, FL 33125**

Mailing Address
**1454 N.W. 17TH AVENUE, # 202
MIAMI, FL 33125**

40044310



2. Principal Place of Business - No P.O. Box #

1503 NW 14 ST

Suite, Apt. #, etc.

3. Mailing Address

1503 NW 14 ST

Suite, Apt. #, etc.

03102008

Chg-P

CR2E034 (12/06)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

81-0598094

Applied For

Not Applicable

Zip

33125

Country

Zip

33125

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADLER, SCOTT
1454 N.W. 17TH AVENUE, # 202
MIAMI, FL 33125**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
ADLER, SCOTT
1454 NE 17 AVE #202
MIAMI, FL 33125**

☐ Delete

TITLE
NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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:

Scott Adler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-08

Date

3053259889

Daytime Phone #