## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 11, 2005 8:00 am Secretary of State 04-11-2005 90188 037 \*\*\*150.00

954-448-3479

DOCUMENT # P03000035542  1. Entity Name DENNIS B. HOPPER, INC.						04-11-2005 90188 037 ***150.00				
Principal Place of Business 711 BAYSHORE DRIVE SUITE 101 FORT LAUDERDALE, FL 33304		Mailing Address 711 BAYSHORE DRIVE SUITE 101 FORT LAUDERDALE, FL 33304				<b>         </b>	OTION IIKII ENII OTIII OE	NII GEIGE INEL E	36364	
2. Principal Place of Business 4600 NE 18th Avenue  Suite, Apt. #, etc.  3. Mailing Address 4600 NE 18th A Suite, Apt. #, etc.				venue	•					
						04072005	Chg-P	CR2E	034 (10/03)	
City & State Ft Lau	derdale, FL	City & State Fort Lauden	dal	e, FI	.	4. FEI Numb				plied For t Applicable
Zip 33334	Country	Zip 33334	Coun			5. Certificate	of Status Desired		\$8.75 Add Fee Require	
Name and Address of Current Registered Agent						7. Name and	Address of New I	Registered	Agent	
HOPPER, DENNIS 711 BAYSHORE DRIVE SUITE 101				Street A 4600	ddress (F	O. Box Numb	er is Not Acceptabl Avenue	le)		
FORT LAUDERDALE, FL 33304									Zip Code	р.
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere			uderda ed agent, or bo		FL Iorida, I am	1 33:	334 and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Ag					re required	when reinstating)		X DATE.	4/7/	05
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Cont				00 May Be ed to Fees				
10.	OFFICERS AND (	DIRECTORS	11.			ADDITIONS	/CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HOPPER, DENNIS B 711 BAYSHORE DRIVE FORT LAUDERDALE, FL 33304	☐ Delete					8th Aven erdale,		X Change	Addition
TITLE I	TONI BRODERISALE, I'E 33334	☐ Delete	TITUE	E E			······································		Change	Addition
STREET ADDRESS CITY-ST-ZIP				et address -st-zip						
THEE NAME STREET ADDRESS		□ Delete -						·	☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAM STRE	E E ADDRESS					☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAM STRE			Pia William III.			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAM STRE	<u> </u>	-		,		☐ Change	Addition
indicated of the cor	Certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, w	true and accurate and that r wered to execute this report	my signa: as requi	ture shall h	ave the s	same legal effe	ct as if made under	oath: that I	am an officer	or director

Dennis B. Hopper

Dennis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHEAD.