

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90171 015 ***150.00

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05012004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000040306

1. Entity Name
DSB PROPERTIES INC.



Principal Place of Business Mailing Address
PO BOX 220550 PO BOX 220550
HOLLYWOOD, FL 33022 US HOLLYWOOD, FL 33022 US

2. Principal Place of Business 3. Mailing Address
370 ANSIN BLVD. 370 ANSIN BLVD.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
HALLANDALE, FL HALLANDALE, FL
 Zip Country Zip Country
33009 USA 33009 USA

4. FEI Number Applied For
32-0070652 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BARTLEY, DORIS
2040 NE 163RD STREET
SUITE 306
N. MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent
 Name **DAVID KROHN**
 Street Address (P.O. Box Number is Not Acceptable)
370 ANSIN BLVD
 City **HALLANDALE** **FL** Zip Code **33009**

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 *David Krohn* **DAVID KROHN, REG. AGT.** **05/1/04**
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BARTLEY, DORIS	
STREET ADDRESS	PO BOX 220550	
CITY-ST-ZIP	HOLLYWOOD, FL 33022	
TITLE	P	<input type="checkbox"/> Delete
NAME	DANIEL KROHN	
STREET ADDRESS	370 ANSIN BLVD.	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL KROHN	
STREET ADDRESS	370 ANSIN BLVD.	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *[Signature]* **01 MAY 2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #