

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-24-2004 90031 029 ***150.00

DOCUMENT # P03000067731					
1. Entity Name D B A HOLDINGS, INC.					
Principal Place of Business % ARCHITILE 7760 NW 32ND STREET MIAMI FL 33122			Mailing Address % ARCHITILE 7760 NW 32ND STREET MIAMI FL 33122		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0475163	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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	
LOTSPEICH, BRADSHAW 1618 MICHIGAN AVENUE #33 MIAMI BEACH FL 33139				Name <u>Bradshaw-Lotspeich (same)</u> Street Address (P.O., Box Number is Not Acceptable) 443 Espanola Way, Suite 201 City <u>Miami Beach</u> FL Zip Code <u>33139</u>	
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 <u>[Signature]</u> DATE <u>3/2/04</u> <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 Make Check Payable to Florida Department of State				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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, ALEX		NAME		
STREET ADDRESS	7760 NW 32ND ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOTSPEICH, BRADSHAW		NAME	same	
STREET ADDRESS	1618 MICHIGAN AVE, #33		STREET ADDRESS	443 Espanola Way, Suite 201	
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL SOL, DANIEL		NAME		
STREET ADDRESS	16060 SW 86TH AVE		STREET ADDRESS		
CITY-ST-ZIP	VILLAGE OF PALMETTO BAY FL 33157		CITY-ST-ZIP		
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		
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		
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		
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: <u>[Signature]</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Bradshaw Lotspeich</u>		
			Date <u>2/2/04</u> Daytime Phone # <u>(305) 531-3999</u>		