

FILED
Apr 29, 2004 8:00 am
Secretary of State

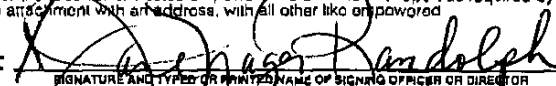
04-29-2004 90322 043 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

14013558



04282004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000068159			
1. Entry Name DASHCOVERS PLUS DEPOT DISTRIBUTOR, INC.			
Principal Place of Business 5562 SW 28TH TERRACE DANIA BEACH, FL 33312		Mailing Address 5562 SW 28TH TERRACE DANIA BEACH, FL 33312	
2. Principal Place of Business 5804 Stirling Road Suite, Apt. #, etc.		3. Mailing Address 5804 Stirling Road Suite, Apt. #, etc.	
City & State Hollywood Florida		City & State Hollywood Florida	
Zip 33021	Country USA	Zip 33021	Country USA
4. FEI Number 56-2372293		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent 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 retreating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSTD RANDOLPH, JANE N 5562 SW 28TH TERRACE DANIA BEACH, FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 successor 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: 		4-26-04 954-961-7774 Date Company Phone #	