

2004 FOR PROFIT CORPORATION ANNUAL REPORT

06-18-2004 90001 037 ***150.00
P03000082937

DOCUMENT # P03000082937

1. Entity Name
D.H.B., INCORPORATED



FILED

04 JUL -1 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1275 CRYSTAL WAY APT K
DELRAY BEACH, FL 33444

Mailing Address
1275 CRYSTAL WAY APT K
DELRAY BEACH, FL 33444

2. Principal Place of Business
820 Laver Circle

3. Mailing Address
820 Laver Circle



05032004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
G-401

Suite, Apt. #, etc.
G-401

City & State
Delray Beach, FL

City & State
Delray Beach, FL

4. FEI Number
43-2028234

Applied For
Not Applicable

Zip
33444

Country
Palm Beach

Zip
33444

Country
Palm Beach

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRIAN D. GORDON, C.P.A., P.A.
12550 BISCAYNE BLVD #500
N MIAMI, FL 33181

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 revesting.)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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
BERMAN, DEBRA A
1275 CRYSTAL WAY APT K
DELRAY BEACH, FL 33444 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
820 Laver Circle, # G-401
Delray Beach, FL 33444 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 807, 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:

Debra Berman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/04

Date

954-929-6860

Daytime Phone #

BRIAN D. GORDON, C.P.A., P.A.

12550 Biscayne Boulevard, Suite 500
North Miami, Florida 33181

Office: (305)459-0557
Fax: (305)459-0567
Cellular: (786) 344-2999
BRIANGCPA@AOL.COM

June 29, 2004

Mr. Sean Toner
Florida Department of State
Division of Corporations
P.O. Box # 6327
Tallahassee, FL 32314

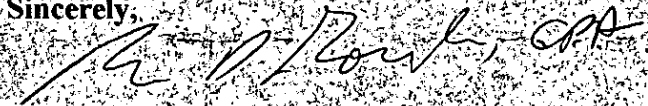
RE: D.H.B. Incorporated
P03000082937

Dear Mr. Toner:

I am in receipt of your letter dated 06/23/04. In reference to D.H.B. Incorporated, I am requesting that the late payment penalty be abated because my client did not receive the renewal notice.

I thank you in advance for your help in this matter.

Sincerely,



Brian D. Gordon
Certified Public Accountant