2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05032004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000082937

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

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

2. Principal Place of Business	3. Mailing Address
820 Laver Circle	820 Laver Circle
Suite, Apt. #, etc. #G-401	Suite, Apt. #, etc. #G-401
City & State Delray Beach, FL	City & State Delray Beach, FL
Zip 33444 Country Palm Beach	Zip 33444 Country Palm Beach

4. FEI Number 43-2024234 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BERMAN, DEBRA A	NAME	
STREET ADDRESS	1275 CRYSTAL WAY APT K	STREET ADDRESS	820 Laver Circle, #G-401
CITY-ST-ZIP	DELRAY BEACH, FL 33444	CITY-ST-ZIP	Delray Beach, FL 33444
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: [signature] Debra Berman 5/14/04 954-929-6860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 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