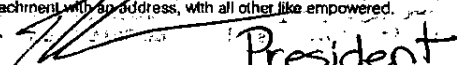


FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90463 021 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000083514					
1. Entity Name DENBERT, INC.					
Principal Place of Business 8188 WILES ROAD CORAL SPRINGS, FL 33067 US			Mailing Address 8188 WILES ROAD CORAL SPRINGS, FL 33067 US		
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 20-0120806	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ELBAUM, ROBERT E 8188 WILES ROAD CORAL SPRINGS, FL 33067				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 fee if applicable. (NOTE: Registered Agent signature required when reappointing)					
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	NAME	STREET ADDRESS	CITY- ST- ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD	ELBAUM, ROBERT E	8188 WILES ROAD	CORAL SPRINGS, FL 33067	☐ Change ☐ Addition	
STD	ELBAUM, DENISE J	8188 WILES ROAD	CORAL SPRINGS, FL 33067	☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ 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 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:  President					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 5-5-04 Daytime Phone: 954 752 4488					

44073966



05052004 Chg-P CR2E034 (10/03)

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