## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000087761

DBT PROPERTIES INVESTMENT, INC.



Principal Place of Business

Mailing Address

14200 NW 4TH ST SUNRISE, FL 33325

14200 NW 4TH ST SUNRISE, FL 33325

## **FILED** Apr 16, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) Applied For 4. FEI Number 16-1680419 Not Applicable \$8.75 Additional 

5. Certificate of Status Desired

03262008

Fee Required

6. Name and Address of Current Registered Agent

YARBOROUGH, HAROLD G 14200 NW 4TH ST SUNRISE, FL 33325

changed, or on an attachmen

**SIGNATURE:** 

## DO NOT WRITE IN THIS SPACE

No Cha-P

|  |   |  |   |                            | •  |
|--|---|--|---|----------------------------|--|
| 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 s  |   |  |   | required when reinstating) | DATE                                     |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00  |   | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees |   |                            |  |
| 10.  | OFFICERS AND DIRECTORS  |  |   |                            | U000UU8998U2                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DT<br>YARBOROUGH, DAVID A<br>14200 NW 4TH ST<br>SUNRISE, FL 33325   |  |   |                            | 00000333002<br>04/29/08-80003-013 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | DPS<br>YARBOROUGH, HAROLD G<br>14200 NW 4TH ST<br>SUNRISE, FL 33325 |  |   | ·<br>·                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | , | DO                         | NOT WRITE                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |   | IN '                       | THIS SPACE                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |   |                            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |   | ,                          |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 truestee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if |   |  |   |                            |  |