


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90001 036 ***150.00

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # P03000133672 1. Entity Name DUTCHESS ENTERPRISE CORPORATION | | | |  | |
| Principal Place of Business 8099 W. 14TH CT. HIALEAH, FL 33014 | | | Mailing Address 8099 W. 14TH CT. HIALEAH, FL 33014 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 16-1688397 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent RODRIGUEZ, JAIME 8099 W. 14TH CT. HIALEAH, FL 33014 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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 _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RODRIGUEZ, JAIME 8099 W. 14TH CT. HIALEAH, FL 33014 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 8/29/07 Daytime Phone # _____ | | |