

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

03-26-2004 90021 045 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000148504 1. Entity Name D & M JUNO BEACH, INC.					
Principal Place of Business 498 MARINER DRIVE JUPITER FL 33477			Mailing Address 498 MARINER DRIVE JUPITER FL 33477		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 90-0895922	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MOFSEN, HOWARD CPA 9728 W. SAMPLE ROAD CORAL SPRINGS FL 33065				7. Name and Address of New Registered Agent Name DOMENICA FLORA Street Address (P.O. Box Number is Not Acceptable) 498 MARINER DRIVE City JUPITER FL Zip Code 33477	
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: <u><i>Domenica W. Flora</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME FLORA, DOMENICA STREET ADDRESS 498 MARINER DRIVE CITY-ST-ZIP JUPITER FL 33477				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input checked="" type="checkbox"/> Delete NAME DEROSA, JOSEPH STREET ADDRESS 498 MARINER DRIVE CITY-ST-ZIP JUPITER FL 33477				TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME FLORA, MICHAEL STREET ADDRESS 498 MARINER DR CITY-ST-ZIP JUPITER, FL 33477	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: <u><i>Domenica W. Flora</i></u> 4/6/04 561-575-9962 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					