


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90084 043 \*\*\*150.00

**DOCUMENT # P04000007914**

1. Entry Name  
 DYOL INVESTMENTS, INC.



Principal Place of Business: 6221 MARGATE BLVD. MARGATE, FL 33063

Mailing Address: 6221 MARGATE BLVD. MARGATE, FL 33063


2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country

66014818



04142005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0989702 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

DYER, RUDOLPH G  
 6221 MARGATE BLVD.  
 MARGATE, FL 33063

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: Rudolph G. Dyer DATE: 4/14/05

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

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RICHARD, OLIVIA	
STREET ADDRESS	4313 REFLECTION BLVD., #103	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	DYER, RUDOLPH G	
STREET ADDRESS	6221 MARGATE BLVD.	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, ROY	
STREET ADDRESS	7887 GOLF CIR. DR., M103	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rudolph G. Dyer	
STREET ADDRESS	6221 Margate Blvd	
CITY-ST-ZIP	Margate, FL 33063	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marce L Derogier	
STREET ADDRESS	206 NW 15th Street	
CITY-ST-ZIP	Fort Lauderdale, FL 33311	
TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephanie Coscar	
STREET ADDRESS	5075 NW 30 Street Apt B207	
CITY-ST-ZIP	Lauderdale Lakes, FL 33319	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Calvin Anderson	
STREET ADDRESS	6221 Margate Blvd	
CITY-ST-ZIP	Margate, FL 33063	
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: Stephanie Coscar DATE: 4/14/05 DAYTIME PHONE #: (954) 582-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR