2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State

DOCUMENT # P0400010813 1. Entity Name D.C.H CAPITAL FUNDING INC						05-03-2005 \$	90171 03	7 ***150.	00	
Principal Place of Business Mailing Address						2005566 3				
6153 SW 35 CT		6153 SW 35 CT				£0000003				
MIRAMAR, FL 33023 MIRAMAR, FL 33023			•							
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Principal Place of Business 3. Mailing Address										
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Suite, Apt.	#, etc. \	Suite, Apt. #, etc.	• •			Chg-P	CR2EC	34 (10/03)		
City & State		City & State		4. FEI Numbe			I An	plied For		
INAC	e 81.	DANIE	<u> </u>			F3021	48		t Applicable	
Zip	Country	33326	Spun	OW AR	5. Certificate	of Status Desired		\$8.75 Add		
3397	28 (BEOWARD)		175	OW AL	<u> </u>			Fee Require	d 	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name										
HOLNESS DALTON					SZZNESS	DAIT	DM			
1 3 (Main) 4 4						er is Not Acceptab	CLEC	(Z		
MIRAMAR, FL 33023						1				
				City	*****			Zip Cod	<u> </u>	
				DAVIC						
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.										
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SIGNATURE [Signature, lyoed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
(TIEC 110 11 1 1 E 10 4 10 0 10 0 1					\$5.00 May Be Added to Fees					
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.					Added to Fees					
10.	OFFICERS AND DIRECTORS				ADDITIONS	CHANGES TO OF	FICERS ANI	DIRECTOR:	S IN 11	
TITLE	DP DALTON	☐ Defete	TITU					☐ Change	☐ Addition	
NAME STREET ADDRESS	HOLNESS, DALTON 6153 SW 35 CT		NAM STRI	EET ADDRESS						
CITY-ST-ZIP	MIRAMAR, FL 33023			-ST-ZIP						
TITLE	HOINESS DALTON	☐ Delete	IIIL	E				☐ Change	Addition	
NAME	3100 W Rolling Hills			16						
STREET ADDRESS CITY-ST-ZIP	DAVIG E1 3332	~ E	1	EET ADDRESS '-ST-ZIP						
TIFLE								Chann		
NAME	-	Delete	TITL MAN	l l	-	-		Change	Addition	
STREET ADDRESS			STR	EET ADDRESS						
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NAME STREET ADDRESS			NAA SIR	EET ADDRESS						
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NAME			NAA							
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HAME		1 Detete	NAN					C ougige	E VOORIGIT	
STREET ADDRESS	./	′ [STR	EET ADDRESS						
CITY-ST-ZIP				Y-ST-ZIP						
12. I hereby indicated	certify that the information supplied with tion this report or supplemental report is	this filing does not qualify to true and accurate and that	for the exe t my signa	emption stated in ature shall have t	n Section 119.07(3) the same legal effe	(i), Florida Statutes of as if made unde	. I further ce r oath: that I	rtify that the i	nformation or director	
12. I hereby certify that the information supplied with this filling 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 tive 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 trysteelempowered 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.										
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