


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90014 045 ***150.00

DOCUMENT # P04000040514

1. Entity Name
DOCK 13, INC.



Principal Place of Business
**4340 SHERIDAN STREET, SECOND FLOOR
 HOLLYWOOD, FL 33021**

Mailing Address
**4340 SHERIDAN STREET, SECOND FLOOR
 HOLLYWOOD, FL 33021**

20000356



2. Principal Place of Business
610 SW 19 ST
 Suite, Apt. #, etc.

3. Mailing Address
610 SW 19 ST
 Suite, Apt. #, etc.

01042005 Chg-P CR2E034 (10/03)

City & State
FORT LAUDERDALE FL

City & State
FORT LAUDERDALE FL

Zip
33315

Country

4. FEI Number
20 0825719

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SERFATY, CHARLES S
 4340 SHERIDAN STREET, SECOND FLOOR
 HOLLYWOOD, FL 33021**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MEYJONADE, OLIVIER 4340 SHERIDAN STREET, SECOND FLOOR HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 610 SW 19 ST FORT LAUDERDALE FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WALTHER, BERTA 4340 SHERIDAN STREET, SECOND FLOOR HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DP**  **01/05/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #