

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT.

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000047487

1. Entity Name  
DUBROW ENTERPRISES, INC.



Principal Place of Business

6642 US HIGHWAY 19  
NEW PORT RICHEY, FL 34652 US

Mailing Address

6642 US HIGHWAY 19  
NEW PORT RICHEY, FL 34652 US

**DO NOT WRITE IN THIS SPACE**



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0866275

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DUBROW, HOWARD M  
4600 DOVER ST, N.E.  
ST. PETERSBURG, FL 33703

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

FILE NOW!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	DUBROW, HOWARD M
STREET ADDRESS	4600 DOVER ST, N.E.
CITY- ST- ZIP	ST. PETERSBURG, FL 33703
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000463749  
03/21/06-80090-003 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/06 (727) 249-5496  
Date Daytime Phone