2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P04000084032** 02-14-2005 90039 046 ***150.00 **DHILLON ENTERPRISES, INC.** Principal Place of Business Mailing Address 40017355 4225 UNION SQUARE BLVD #326 4225 UNION SQUARE BLVD #326 PALM BCH GARDENS, FL 33410 PALM BCH GARDENS, FL 33410 2. Principal Place of Business 3. Mailing Address 3083 SW MARTIN DOWNS BUD 3083 SW MARTIN DOWNS BUD Suite, Apt. #, etc. 02102005 CR2E034 (10/03) 4. FEI Number 20-1167395 City & State City & State Applied For FLORIDA FLORIDA . PALM CITY, PALM CITY Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U.S.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANIAR RAJU 7737 N UNIVERSITY DR #201 Street Address (P.O. Box Number is Not Acceptable) TAMARAC, FL 33321 City 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. 9: Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Delete TITLE Change Addition DHILLON, RAVINDER KAUR NAME NAME 3625 B SW QUAIL MEADOW TR. STREET ADDRESS 4225 UNION SQUARE BLVD #326 STREET ADDRESS CITY-ST-ZIP PALM BCH GARDENS, FL 33410 CITY-ST-ZIP PALM CITY, FL 34990 DV ☐ Delete TITLE Change ☐ Addition TITLE DHILLON, IQBAL SINGH NAME NAME 3625 B SW QUAIL MEADOW TR STREET ADDRESS 4225 UNION SQUARE BLVD #326 STREET ADDRESS PALM BCH GARDENS, FL 33410 CITY-ST-ZIP CITY-ST-ZIP PALM CITY, FL 34990 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED Feb 14, 2005 8:00 am