


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000084032</b> 1. Entity Name DHILLON ENTERPRISES, INC.	
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Principal Place of Business  
3083 SW MARTIN DOWNS BLVD  
PALM CITY, FL 34990

Mailing Address  
3083 SW MARTIN DOWNS BLVD  
PALM CITY, FL 34990



03302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1167395	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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**6. Name and Address of Current Registered Agent**

MANIAR, RAJU  
7737 N UNIVERSITY DR #201  
TAMARAC, FL 33321

**DO NOT WRITE  
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-registering)

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	DP
NAME	DHILLON, RAVINDER KAUR
STREET ADDRESS	3625 B SW QUAIL MEADOW TRAIL
CITY-ST-ZIP	PALM CITY, FL 34990

TITLE	DV
NAME	DHILLON, IQBAL SINGH
STREET ADDRESS	3625 B SW QUAIL MEADOW TR
CITY-ST-ZIP	PALM CITY, FL 34990

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000482351  
04/19/06-80061-017 150.00

**DO NOT WRITE  
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: Iqbal Dhillon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IQBAL DHILLON (VP)

4-2-06

561-222-9366

Date

Daytime Phone #