


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90008 010 \*\*\*150.00

DOCUMENT # P04000084032					
1. Entity Name DHILLON ENTERPRISES, INC.					
Principal Place of Business 3083 SW MARTIN DOWNS BLVD PALM CITY, FL 34990			Mailing Address 3083 SW MARTIN DOWNS BLVD PALM CITY, FL 34990		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1167395	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MANIAR, RAJU 7737 N UNIVERSITY DR #201 TAMARAC, FL 33321			7. Name and Address of New Registered Agent Name <u>MANIAR, RAJU</u> Street Address (P.O. Box Number is Not Acceptable) <u>2855 N. UNIVERSITY DR. ST 600</u> City <u>CORAL SPRINGS</u> <u>FL</u> Zip Code <u>33065</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP DHILLON, RAVINDER KAUR 2733 SW MATHESON AVE. 115 A1 PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DHILLON, IQBAL SINGH 2733 SW MATHESON AVE 115 A1 PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u>Iqbal Singh Dhillon</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>IQBAL SINGH DHILLON</u>		Date <u>2-25-08</u> Daytime Phone # <u>561-222-9366</u>	