

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90057 007 ***158.75

DOCUMENT # P04000099774

1. Entity Name
DASS INVESTMENTS, INC.



40074020



Principal Place of Business
7601 EAST TREASURE DR
2024
NORTH BAY VILLAGE, FL 33141

Mailing Address
7601 EAST TREASURE DR
2024
NORTH BAY VILLAGE, FL 33141

2. Principal Place of Business - No P.O. Box #
1658 BAY ROAD
Suite, Apt. #, etc.
APT. 501
City & State
MIAMI BEACH, FLORIDA
Zip
33139 Country
USA

3. Mailing Address
1658 BAY ROAD
Suite, Apt. #, etc.
APT. 501
City & State
MIAMI BEACH, FLORIDA
Zip
33139 Country
USA

03162007 Chg-P CR2E034 (12/06)

4. FEI Number **20-1463324** Applied For
NOT APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent

SCHULTZ, ROCHELLE
7601 EAST TREASURE DRIVE, # 2024
NORTH BAY VILLAGE, FL 33141

7. Name and Address of New Registered Agent

Name **DANNIELLE S. SCHULTZ**
Street Address (P.O. Box Number is Not Acceptable)

1658 BAY ROAD - APT. 501

City **MIAMI BEACH** FL Zip Code **33139**

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 *Dannielle S. Schultz* **DANNIELLE S. SCHULTZ P/T** **4/18/07**
Signature, typed or printed name of registered agent and pay if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, ARTHUR J	
STREET ADDRESS	7601 EAST TREASURE DRIVE, # 2024	
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, ROCHELLE	
STREET ADDRESS	7601 EAST TREASURE DRIVE, # 2024	
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHULTZ, DANNIELLE	
STREET ADDRESS	1658 BAY RD SUITE 501	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Dannielle S. Schultz* **DANNIELLE S. SCHULTZ P/T** **4/18/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **(954) 483-9789**