2005 FOR PROFIT CORPORATION

**ANNUAL REPORT (AR)

DOCUMENT # P04000109904

FILED Sep 09, 2005 8:00 am Secretary of State

1. Entity Name DORRYN SVEC, INC.				08-30-2005	5 90031 015 ***550.00	
Principal Place of Business		Mailing Address				
10175 MARLIN DRIVE BOCA HATON FL 33428		10175 MARLIN DRIVE BOCA RATON FL 33428 US				
2. Principal Place of Business		3. Mailing Address) restreets as seath even south seeth	, genet Nert owne (ens tern Edit) C:Grifet it (SB)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2nd MOORE	CR2E034 (5/05)	
City & State		City & State		4. EEI Number 841653093	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	S8.75 Additional	
6. Name and Address of Current Registered Agent Name				7. Name and Address of New I	Registered Agent	
SVEC, DORRYN R				dress (P.O. Box Number is Not Acceptable)		
	75 MARLIN DRIVE(1) CA RATON FL/33428		Sueet Addie	Suddi Addiess (F.O. Dox Nutrate is not Acceptable)		
		1()	1()			
City					FL Zip Code	
8. The above named entity submits this statement to 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, typued or panels name of system (1 goods doubtle all applicable (NOTE Registered Agains signature required when retriauting) DATE						
FILE NOWI!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State S.607. 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.						
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OF	ICERS AND DIRECTORS IN 11	
TITLE NAME	P SVEC, DORRYN R	☐ Delate	TITLE NAME		Change Addition	
STREET ADDRESS	10175 MARLIN DRIVE		STREET ADDRESS			
CILY-SI-ZIP TITLE	BOCA RATON FL 33428	☐ Detete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition	
NAME		_ 000	NAME			
STREET ADDRESS CIT (-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
iiiLE		☐ Deleta	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			HAME STREET ADDRESS			
CITY-SI-ZIP			CITY-ST-ZIP		-	
HAME NAME		☐ Oelsta	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-SI-ZEP THE		☐ Delete	CITY-ST-ZIP		Change C Addition	
HAVAE	ļ	□ Ueice	HAME		☐ Change ☐ Addition	
STREET ADORESS	İ		STREET ADDRESS			
TOLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STORES ADDRESS			NAME			
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS 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 activate and that my signature shall have the same legal effect as it made under eath; that I am an officer or director of the corporation or the receiver or tustee empowered by 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 PUNITED MANE OF MOMENTS OF DIRECTOR DIRECTOR Date Departs Prons 9						