2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # P04000116837 1. Entity Name 04-29-2005 90221 027 ***158.75 DOLPHIN DRIVE CONSTRUCTION COMPANY Principal Place of Business Mailing Address 4961 NW, 179TH STREET 4961 NW. 179TH STREET MIAMI FL 33055 **MIAMI FL 33055** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For 4. FEI Number 9001 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **NELOMES, DOLENE** Street Address (P.O. Box Number is Not Acceptable) 4961 NW. 179TH STREET MIAMI, FL 33055 City Zip Code 8. The above named eptity subgrits 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 egistered agent. DATE typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRPS TLTS F ☐ Defete TITLE ☐ Change Addition LAStonia Watsorn NELOMES, DOLENE NAME NAME **4961 NW 179TH STREET** STREET ADDRESS STREET ADDRESS 4451 N.W. 175 CITY-ST-ZIP **MIAMI FL 33055** CITY-ST-ZIP mi<u>ami</u> Fla. VΡ **X** Delete ☐ Change Addition TITLE TITLE LEWIS, THEADDEUS NAME NAME STREET ADDRESS 15720 NW 17TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33054 CITY-ST-ZIP opa-Locka **⊠** Delete TITLE TREA TITLE Change Addition Jammy Sinis NAME WOODBURY, SHANNON NAME NV 176 CIRCLE ADDRESS STREET ADDRESS 4451 NW 175TH STREET City-St-7iP CITY-ST-ZIP MIAMI FL 33054 3305Y Addition Delete TITI É ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP 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

Date

Daytme Phone #