2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 22, 2005 8:00 am Secretary of State

71.

DOCUI 1. Entity Name DBORR, I		7812				07-20-20	05 90026	5 040 **	*150.00	
Principal Place		Mailing Address	Mailing Address 400 LESLIE DRIVE			,	n n n n n			
709		709			66026090					
	BEACH, FL 33009	_ _	HALLANDALE BEACH, FL 33009					P OR HOLD	JIMI	
2. Principal Pl	ace of Business	3. Mailing Address				61111 61611 6117 6117 61				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #. etc.			Chg-P	CR2E03	4 (10/03)		
City & State		City & State	City & State		4. FEI Numb	149-1	3687	- \	plied For / ot Applicable	
Zip	Country	Zip	Zip Count		5. Certificate	of Status Desired		8.75 Add ee Require		
	6. Name and Address of Curre	nt Registored Agent				7. Name and Address of New Registered Agent.				
BORR, DO	IIGI AS		1	Name						
400 LESLII 709			Stre			Address (P.O. Box Number is Not Acceptable)				
HALLANDALE BEACH, FL 33009										
				City			FL	Zip Cod	÷	
(- DI	LE NOWIII FEE IS \$150.00 ue by September 7, 2005	9. Election Camp. Trust Fund Cor	ntribution.		5.00 May Be odded to Fees	In accordance corporation did	not receive	the prior r	notice.	
10 milě: z	P OFFICERS AN	ID DIRECTORS	11. ITLE		ADDITIONS	/CHANGES TO OFF		DIRECTOR:	Addition	
NAME STREET ADORESS CITY-ST-ZIP	BORR, DOUGLAS 400 LESLIE DRIVE #709 HALLANDALE BEACH, FL 33		MAME Stree	T ADDRESS ST-ZIP				C1 (verific		
TITLE	THE BUILD WITH BE	☐ Delete	fitle					☐ Change	Addition	
NAME			NAME					_ ,	-	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP						
TITLE		☐ Detete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			NAME	T ADDRESS						
CITY-SI-ZIP				51 · ZIP						
TITLE		☐ Delete	NTLE					Change	☐ Addition	
NAME STREET ADORESS			NAME STREE	T ADDRESS						
CITY-ST-ZP				ST-ZIP						
THILE		☐ Deleta	MILE					☐ Change	☐ Addition	
HAME STREET ADDRESS			NAME	T ADDRESS						
City-St-zif			4	SI-ZIP						
MIE		☐ Delete	TITLE					Change	Addition	
NAME FIRST ADDRESS			NAME	T ADDRESS						
STREET ADDRESS CITY-ST-ZHP			SIRE	ST-ZIP						
12. I hereby indicated of the collaboration	certify that the information supplied videntify that the information suppliemental report or supplemental report poration or the receiver or trusted entering or on an attachment with an information.	with this filling does not qualify in it is true and accurate and that impowered to execute this repor- ity with the propowerer	d.	_			I further certi- oath; that I are e appears in	fy that the in m an officer Block 10 or	nformation or director Block 11 if	
SIGNAT	TURE.	Duvales	TB	oer 7-	18-05			35	pro	



Glenda E. Hood Secretary of State

July 22, 2005

DBORR, INC. 400 LESLIE DRIVE 709 HALLANDALE BEACH, FL 33009

Subject: DBORR, INC.

Reference Number:

P04000117812

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD ANNUAL REPORTS SECTION