
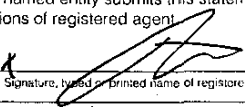
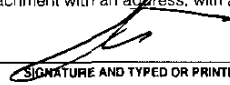


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90045 039 ***158.75

DOCUMENT # P04000139524 1. Entity Name DEAN SABOTKA, INC.			
Principal Place of Business 430 NE 56TH STREET FT. LAUDERDALE, FL 33334		Mailing Address 430 NE 56TH STREET FT. LAUDERDALE, FL 33334	
2. Principal Place of Business 3030 NW 68TH ST Suite, Apt. #, etc. # 202		3. Mailing Address 3030 NW 68TH ST Suite, Apt. #, etc. # 202	
City & State FT. LAUDERDALE FL Zip 33309		City & State FT. LAUDERDALE FL Zip 33309	
4. FEI Number 20-1720903		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03032005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SABOTKA, DEAN 430 NE 56TH STREET FT. LAUDERDALE, FL 33334		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3030 NW 68TH STREET # 202 City FT. LAUDERDALE FL Zip Code 33309	
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 		DATE 3-5-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 P NAME SABOTKA, DEAN STREET ADDRESS 430 NE 56TH STREET CITY-ST-ZIP FT. LAUDERDALE, FL 33334	<input type="checkbox"/> Delete	TITLE 3030 NW 68TH ST #202 NAME FT. LAUDERDALE, FL 33309 STREET ADDRESS FT. LAUDERDALE, FL 33309 CITY-ST-ZIP FT. LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: 		Date 3/5/05 Daytime Phone # 954 691 5230	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			