

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000162140

Entity Name: DETROIT ASSOCIATES, INC.

FILED
Feb 20, 2008
Secretary of State

Current Principal Place of Business:

6404 POLO POINTE WAY
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

1761 WEST HILLSBORO BOULEVARD
SUITE 405
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

FEI Number: 20-2041580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LENOFF, STEVEN
1761 WEST HILLSBORO BOULEVARD
SUITE 405
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,S () Delete
Name: GORDON, ERIC
Address: 6404 POLO POINTE WAY
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: VP () Delete
Name: LANXNER, BEN-ZION
Address: 3960 HOLLYHOCK DRIVE
City-St-Zip: WEST BLOOMFIELD, MI 48322 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC GORDON, AS PRESIDENT

PRES

02/20/2008

Electronic Signature of Signing Officer or Director

_____ Date