

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90287 042 ***150.00

DOCUMENT # P05000036411

1. Entity Name
DOLLARS & SENSE MEDIATORS, INC.



Principal Place of Business
3900 N.W. 79TH AVENUE
SUITE 417
MIAMI, FL 33166 US

Mailing Address
3900 N.W. 79TH AVENUE
SUITE 417
MIAMI, FL 33166 US

60025609



2. Principal Place of Business
8500 SW 9th ST

3. Mailing Address
PO Box 561507

04072006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33156

Country

Zip
33256

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNN, MARCIA T
3900 N.W. 79TH AVENUE
SUITE 417
MIAMI, FL 33166

Name

Street Address (P.O. Box Number is Not Acceptable)

8500 SW 9th ST #200

City
MIAMI

FL

Zip Code
33156

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DUNN, MARCIA T
3900 N.W. 79TH AVENUE, SUITE 417
MIAMI, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
8500 SW 9th ST #200
MIAMI FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
RYAN, D. JEAN
3900 N.W. 79TH AVENUE, SUITE 417
MIAMI, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
8500 SW 9th ST #200
MIAMI FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/06

305-275-4733