

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State

05-08-2008 90020 044 ***150.00

DOCUMENT # P05000115527 1. Entity Name DBTH CORP NO. 1, INC.					
Principal Place of Business 3363 NE 163 STREET 809 NORTH MIAMI BEACH, FL 33160			Mailing Address 3363 NE 163 STREET 809 NORTH MIAMI BEACH, FL 33160		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66013857 	
City & State Zip Country		City & State Zip Country		4. FEI Number APPLIED FOR 20-5540265 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				04182008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent LIPS, ALAN 666 71ST STREET MIAMI BEACH, FL 33141			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	DPST GRASSO, CLAUDIO 3363 NE 163 STREET SUITE 809 NORTH MIAMI BEACH, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP QUEREJETA, LAURA G 3363 NE 163 STREET SUITE 809 NORTH MIAMI BEACH, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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	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: <u>Claudio Grasso</u> CLAUDIO GRASSO 4-10-08 786-274-1414 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dating Prefix #					