

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90011 036 ***158.75

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1. Entity Name
DASSETT GROUP, INC.



Principal Place of Business
**8890 W OAKLAND PARK BLVD STE 201
SUNRISE, FL 33351**

Mailing Address
**8890 W OAKLAND PARK BLVD STE 201
SUNRISE, FL 33351**

40079083



02272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3468346

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRAZIER, JR., ROBERT W ESQUIRE
6550 N FEDERAL HWY STE 220
FT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HOTTE, DANIEL
STREET ADDRESS	8890 W OAKLAND PARK BLVD STE 201
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	DVS
NAME	GADINSKY, SETH
STREET ADDRESS	1111 LINCOLN ROAD STE 400
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	DVS
NAME	GADINSKY, SETH
STREET ADDRESS	1680 MICHIGAN AVE #101
CITY-ST-ZIP	MIAMI BEACH FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 #