

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

04-17-2006 90370 002 ***150.00

DOCUMENT # P05000127282

1. Entity Name
DELRAY BEACH DEVELOPERS, CORP.



Principal Place of Business
**TURNBERRY PLAZA, SUITE 801
2875 N.E. 191ST STREET
AVENTURA, FL 33180**

Mailing Address
**TURNBERRY PLAZA, SUITE 801
2875 N.E. 191ST STREET
AVENTURA, FL 33180**

66013947



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282006

Chg-P

CR2E034 (11/05)

4. FEI Number

71-0989196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SERBER, DANIEL J ESQ.
SERBER & ASSOCIATES P.A.
2875 N.W. 191ST STREET, SUITE 801
AVENTURA, FL 33180**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALSMAN, GERARDO	
STREET ADDRESS	2875 N.E. 191 STREET, SUITE 801	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOHLGEMUTH, DANIEL	
STREET ADDRESS	2875 N.E. 191 STREET, SUITE 801	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRYBLARZ, ABEL	
STREET ADDRESS	2875 N.E. 191 STREET, SUITE 801	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	WALSMAN GERARDO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2875 NE 191ST #801	
STREET ADDRESS	AVENTURA FL 33180	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TRYBLARZ ABEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2875 NE 191ST #801	
STREET ADDRESS	AVENTURA FL 33180	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

ABEL TRYBLARZ APRIL 4, 2006 / 3079326262

Date

Daytime Phone