
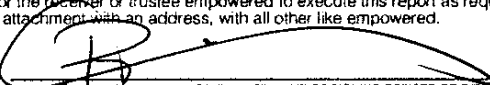


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90029 033 \*\*\*150.00

<b>DOCUMENT # P06000016305</b> 1. Entity Name <b>DIETRICH R. JENKINS, P.A.</b>			
Principal Place of Business <b>1031 IVES DAIRY ROAD</b> <b>228</b> <b>MIAMI, FL 33179</b>		Mailing Address <b>1031 IVES DAIRY ROAD</b> <b>228</b> <b>MIAMI, FL 33179</b>	
2. Principal Place of Business - No P.O. Box # <b>4302 Hollywood Blvd</b>		3. Mailing Address <b>4302 Hollywood Blvd</b>	
Suite, Apt. #, etc. <b>#344</b>		Suite, Apt. #, etc. <b>#344</b>	
City & State <b>Hollywood FL</b>		City & State <b>Hollywood FL</b>	
Zip <b>33021</b>		Zip <b>33021</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>20-4287222</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THOMAS, DAMIAN E</b> <b>11098 BISCAYNE BLVD.</b> <b>308</b> <b>MIAMI, FL 33181</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>JENKINS, DIETRICH R</b> STREET ADDRESS <b>1031 IVES DAIRY ROAD</b> CITY - ST - ZIP <b>MIAMI, FL 33179</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE</b> 		<b>Dietrich R. Jenkins 4-30-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
Daytime Phone #		<b>954-537-3002</b>	