## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000039864

Title:

Name:

Address:

City-St-Zip:

FILED Jan 24, 2008 Secretary of State

Entity Name: TABITHA DINGLE, INC. **Current Principal Place of Business: New Principal Place of Business:** 1634 EUCLID AVE 4000 HOLLYWOOD BLVD. MIAMI BEACH, FL 33139 SUITE 215-S HOLLYWOOD, FL 33021 **Current Mailing Address: New Mailing Address:** 1634 EUCLID AVE P.O. BOX 552124 MIAMI BEACH, FL 33139 DAVIE, FL 33355 FEI Number: 20-4585801 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLODIG, GREGORY J ESQ 100 W CYPRESS CREEK ROAD STE 700 FORT LAUDERDALE, FL 33309 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition MILLER, MORGAN MILLER, MORGAN Name: Name: 1634 EUCLID AVE 10951 REDHAWK STREET Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: PLANTATION, FL 33324 Title: Title: () Delete (X) Change ( ) Addition CASPI, JOSH Name: Name: CASPI, JOSH 1634 EUCLID AVE 10951 REDHAWK STREET Address: Address: MIAMI BEACH, FL 33139 PLANTATION, FL 33324 City-St-Zip: City-St-Zip: Title: Title: D ( ) Delete D (X) Change ( ) Addition MILLER, LINDA MILLER, LINDA Name: Name: 1634 EUCLID AVE P.O. BOX 552124 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: **DAVIE, FL 33355** 

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

CASPI, LIZ

P.O. BOX 552124

**DAVIE. FL 33355** 

SIGNATURE: MORGAN MILLER D 01/24/2008

( ) Delete

CASPI, LIZ

1634 EUCLID AVE

MIAMI BEACH, FL 33139

(X) Change ( ) Addition