

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90224 013 ***150.00

DOCUMENT # P06000128438

1. Entity Name
DB ATLANTA INVESTMENT INCORPORATED



Principal Place of Business
**501 CONTINENTAL PLAZA
3250 MARY STREET
COCONUT GROVE, FL 33133**

Mailing Address
**501 CONTINENTAL PLAZA
3250 MARY STREET
COCONUT GROVE, FL 33133**

2. Principal Place of Business - No P.O. Box #
3250 Mary Street

3. Mailing Address
3250 Mary Street

Suite, Apt. #, etc.
Suite 402

Suite, Apt. #, etc.
Suite 402

City & State
Coconut Grove, Fl.

City & State
Coconut Grove, Fl.

Zip
33133

Country

Zip
33133

Country



04012008 Chg-P CR2E034 (12/06)

4. FEI Number
20-5720910

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GASSENHEIMER, JAMES D
3250 MARY STREET
SUITE 307
COCONUT GROVE, FL 33133**

7. Name and Address of New Registered Agent

Name
Michael Goldberg

Street Address (P.O. Box Number is Not Acceptable)
3250 Mary Street

Suite 402

City
Coconut Grove

FL

Zip Code
33133

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 **4/30/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D BERMAN, DANA J 3250 MARY STREET #501 COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Michael Goldberg (Receiver) 3250 Mary Street suite 402 Coconut Grove, Fl. 33133 <input checked="" type="checkbox"/> Change <input checked="" 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
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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.

SIGNATURE: DATE **4/30/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR