2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90088 032 ***158.75

1. Entity Name DLK OF VERO BEACH, INC.									
Principal Place of Business 1370 38TH AVE VERO BEACH, FL 32960		Mailing Address 5976 20TH ST., NO. 152 VERO BEACH, FL 32966			40	088893			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252008	Chg-P	CR2E	34 (12/06)		
City & State		City & State			4. FEI Numbe	323377		No	pplied For t Applicable
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		\$8.75 Add Fee Required	fitional d
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
JORGENSEN, PETER 1517 20TH ST				Name Street Address (P.O. Box Number is Not Acceptable)					
VERO BEACH, FL 32960									
				City			FL	Zip Code	9
	named entity submits this statement for tions of registered agent.	or the purpose of changing its r	egistere	ed office or register	red agent, or bot	h, in the State of Flo	rida. Iam	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registere	d Agent signature required	when rounstating)		DATE		
FILE NOW!!! FEE IS.\$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fi					.00 May Be led to Fees				
10. OFFICERS AND DIRECTORS 11.					ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
IIILE,	DPTS	☐ Delete	TITLE	1				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	1370 38TH AVE			E ET ADDRESS - ST - ZIP					
TITLE	VERO BEACH, FL 32900	☐ Delete	TITLE					☐ Change	Addition
NAME	,		NAMI	i				onango	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS					
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NAME		r_r cente	NAM	l l				☐ change	L. J. AGGILLOUI
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE			TITLE					☐ Change	Addition
NAME		☐ Delete	11111	-					
CTDCCT ADDDCCC		☐ Delete	NAMI	E				orange	
STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAMI STRE	,				Crisings	
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CITY-ST-ZIP TITLE			NAMI STRE CITY TITLE NAMI STRE	E ET ADDRESS -ST-ZIP					Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	NAMI STRE CITY- TITLE NAMI STRE CITY- TITLE NAMI STRE	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP				☐ Change	<u>.</u>

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 HAME OF SIGNING OFFICER OR DIRECTOR

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