


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90119 048 \*\*\*150.00

<b>DOCUMENT # P93000000967</b>	
1. Entity Name <b>DESSA ENTERPRISES, INC.</b>	

Principal Place of Business <b>2918 NW 28 STREET FORT LAUDERDALE, FL 33311 US</b>	Mailing Address <b>2918 NW 28 STREET FORT LAUDERDALE, FL 33311 US</b>
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**60012577**

2. Principal Place of Business - No P.O. Box # <b>21585 WOODSTREAM TERR.</b>	3. Mailing Address <b>21585 WOODSTREAM TERR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01262007 Chg-P CR2E034 (12/06)

City & State <b>BOCA RATON FL</b>	City & State <b>BOCA RATON FL</b>
Zip <b>33428</b>	Zip <b>33428</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0389261</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>JOVANOVIC, DOUGLAS 17 SOUTHEAST 24TH AVE POMPANO BEACH, FL 33062</b>	
7. Name and Address of New Registered Agent Name <b>EMANOEL RIZEA</b> Street Address (P.O. Box Number is Not Acceptable) <b>21585 WOODSTREAM TERRACE</b> City <b>BOCA RATON FL</b> Zip Code <b>33428</b>	

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 *Emanuel Rizea* **EMANOEL RIZEA** **1-26-2007**  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIZEA, EMANOEL 21585 WOODSTREAM TERRACE BOCA RATON, FL <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	DVT RIZEA, DENISE Y 21585 WOODSTREAM TERRACE BOCA RATON, FL <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: *Emanuel Rizea* **1-26-2007 561-542-4238**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #