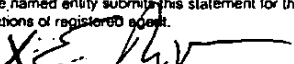
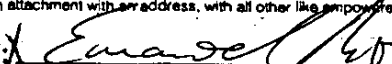


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 09, 2008 8:00 am
Secretary of State

03-24-2008 90042 024 ***150.00

DOCUMENT # P93000000967			
1. Entity Name DESSA ENTERPRISES, INC.			
Principal Place of Business 21585 WOODSTREAM TERR BOCA RATON, FL 33428 US		Mailing Address 21585 WOODSTREAM TERR BOCA RATON, FL 33428 US	
2. Principal Place of Business - No P.O. Box # 21585 WOODSTREAM TERR		3. Mailing Address 21585 WOODSTREAM TERR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33428	Country US	Zip 33428	Country US
4. FEI Number 65-0389261		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIZEA, EMANOEL 21585 WOODSTREAM TERR BOCA RATON, FL 33428		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 21585 WOODSTREAM TERR City BOCA RATON FL Zip Code 33428	
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  EMANOEL RIZEA DATE 3/5/08 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing))			
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	DP RIZEA, EMANOEL 21585 WOODSTREAM TERRACE BOCA RATON, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT RIZEA, DENISE Y 21585 WOODSTREAM TERRACE BOCA RATON, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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  EMANOEL RIZEA		Date 4/05/08 Daytime Phone # 561-542-4238	

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