2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000021656

1. Entity Name

D.B.D. SERVICES OF FLORIDA, INC.

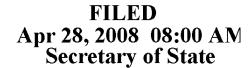


Principal Place of Business

Mailing Address

250 AUSTRALIAN AVENUE SOUTH W. PALM BEACH, FL 33401

40 RANDALL AVENUE FREEPORT, NY 11580





04222008

No Chg-P

CR2E034 (11/05)

4. FEI Number 11-3204975 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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SIGNATURE Signature, typed or pureled name of registered agent and time if applicable (NOTE Registered Agent signature recursed when renatating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS IIILE NAME STAVIN, MARK SIREIT ADDRESS 250 AUSTRALIAN AVENUE SOUTH W. PALM BEACH, FL 33401 IIILE ST SIREIT ADDRESS CITY-ST-ZIP W. PALM BEACH, FL 33401 IIILE NAME SIREIT ADDRESS CITY-ST-ZIP W. PALM BEACH, FL 33401 IIILE NAME SIREIT ADDRESS CITY-ST-ZIP W. PALM BEACH, FL 33401 IIILE NAME SIREIT ADDRESS CITY-ST-ZIP W. PALM BEACH, FL 33401 IIILE NAME SIREIT ADDRESS CITY-ST-ZIP IIILE NAME SIREIT ADDRESS SIREIT ADDRESS CITY-ST-ZIP IIILE NAME SIREIT ADDRESS SIR SIR
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TILLE NAME STREET ADDRESS CITY-ST-ZIP 12. Libereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information

12. I hereby certify that the information supplied with this filling 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 trusted movement 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 activities, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08

(516) 223-8170

Daytime Phone #