

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000021656

**Entity Name:** D.B.D. SERVICES OF FLORIDA, INC.

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1801 S. AUSTRALIAN AVENUE  
W. PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

40 RANDALL AVENUE  
ROOM 109  
FREEPORT, NY 11520

**New Mailing Address:**

**FEI Number:** 11-3204975      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** STAVIN, MARK  
**Address:** 1801 S. AUSTRALIAN AVENUE  
**City-St-Zip:** W. PALM BEACH, FL 33409

**Title:** ST  
**Name:** SCHWARTZ, ROBERT  
**Address:** 1801 S. AUSTRALIAN AVENUE  
**City-St-Zip:** W. PALM BEACH, FL 33409

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK STAVIN

PRES

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date