

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-04-2005 90041 005 ***150.00

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1. Entity Name
DEAN INTERNATIONAL, INC.



Principal Place of Business
**12019 SW 39TH TERR
MIAMI, FL 33175 US**

Mailing Address
**12019 SW 39TH TERR
MIAMI, FL 33175 US**

66005001



DO NOT WRITE IN THIS SPACE

01262005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0498135

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEAN, IAN R
14532 SW 129 ST
MIAMI, FL 33186**

**DO NOT WRITE
IN THIS SPACE**

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:
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

01/26/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
DEAN, IAN R
12019 SW 39TH TER
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
DEAN, ELISA M
12019 SW 39TH TER
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
PRIES, OLGA
12019 SW 39TH TER
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, typed or printed name of signing officer or director

01/26/05 (305) 259-5611
Date Daytime Phone #