

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000062355					
1. Entity Name DAKOTA REAL ESTATE & MANAGEMENT, INC.					
Principal Place of Business 1300 SW 10TH STREET BLDG A, SUITE 1 DELRAY BEACH FL 33445 US			Mailing Address 1300 SW 10TH STREET BLDG A, SUITE 1 DELRAY BEACH FL 33445 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0515992	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GILLESPIE, R B III 1515 S FEDERAL HIGHWAY SUITE 300 BOCA RATON FL 33432			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	DVST	☐ Delete	TITLE	U00000609311	☐ Change ☐ Add
NAME	CIAMBRONE, MARILYN		NAME	02/01/07-80045-020 150.00	
STREET ADDRESS	4340 FRANCES DRIVE		STREET ADDRESS		
CITY ST ZIP	DELRAY BEACH FL		CITY ST ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Add
NAME	IEROPOLI, LARRY		NAME		
STREET ADDRESS	2574 N.W. 38TH STREET		STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL		CITY ST ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		



1st MOORE CR2E034 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

M. Ciambone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07

Date

561-495-9400

Daytime Phone #