## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P94000072296

1. Entity Name **DBMA CORPORATION** 

Principal Place of Business

هدن زمينه

120 LEHANE TERR.

SUITE 204 NORTH PALM BEACH, FL 33408 Mailing Address

120 LEHANE TERR.

SUITE 204

NORTH PALM BEACH, FL 33408

**FILED** Jan 31, 2008 08:00 Al Secretary of State



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01262008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0542398

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO, BARRY 120 LEHANE TERR., SUITE 204 NORTH PALM BEACH, FL 33408

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title	fanologish (NOTE Register)	d Agent expost us	required when reinstating)	DATE .		
<del></del>	Signatura, typed or printed neare or registered agent and tille t	appicabe (NOTE Registers	u Muent Signature	required wirel reinstating)	DATE :		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	<ol><li>Election Campaign Finar Trust Fund Contribution.</li></ol>	ncing	\$5.00 May Be Added to Fees	   U00000807605   02/07/08-80013-017 158.75		
10.	OFFICERS AND DIREC	TORS		·	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME	PS SHAPIRO, BARRY						
STREET ADDRESS  CITY-ST-ZIP	120 LEHANE TERR., SUITE 204 NORTH PALM BEACH, FL 33408						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-7IP							

12. Thereby 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP