## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Feb 21, 2005 8:00 am Secretary of State 02-21-2005 90075 041 \*\*\*150.00

DOCUMENT # P95000032119  1. Entity Name D.P.C.B. ENTERPRISES, INC.							02-21-2003	5 90075 041 ***1:	50.00
Principal Place of Business Mailing Address									
9700 S.W. 18 MIAMI, FL 33		ACE	9700 S.W. 185TH TERRACE MIAMI, FL 33157			20013910			
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc			Suite, Apl. #, etc.			01142005	Chg-P	CR2E034 (10/03)	
City & State			City & State		4. FEI Numbe 65-051		<del></del>	plied For t Applicable	
Zip	Country		Zip			5. Certificate	of Status Desired	S8.75 Add	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
BERNARD, ANTHONY					Name				
9032 SW 152ND STREET MIAMI, FL 33157					Street Address (P.O. Box Number is Not Acceptable)				
					City			FL Zin Cod	<del></del>
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 rehistating)  DATE									
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.						5.00 May Be ided to Fees		10100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
10.	)	OFFICERS AND	DIRECTORS	11.		ADDITIONS,	CHANGES TO OFF	ICERS AND DIRECTOR:	S IN 11
100£	PTD Details SIMMONDS, JONATHAN							Change	Addition
NAME STREET ADDRESS	l	. 185TH TERRACE	NAMI STRE		ET ADDRESS				
CHY-81-ZIP	MIAMI, FI				-ST-ZIF				
ME	VSD ☐ Ceide				f T			☐ Change	Addition .
NAME	SIMMONDS, ROSETA E			NAM	- t				
STREET ADDRESS COTY+ST-ZIP					ET ADDRESS ST-ZIP				
181.6	☐ Delete Iffic							☐ Charge	Addition
NAME			<del>_</del>	NAM	<b>I</b>				
STREET ADDRESS					EET ADDRESS				1
CHY+SF-ZIP	ļ				-ST-ZIP				
TITLE NAME			☐ Delete	TITL NAM	l l			☐ Charige	Addition
STREET ADDRESS					EET ADDRESS				
CRY-ST-ZIP	ļ	*******************		CITY	-Si-ZIP				
TITLE Example	]		☐ Delete	1				Change	Addition
RAME STREET ADDRESS				NAM STEE	EET ADORESS				
CHY-ST-ZIP			•		- ST-ZIP				
TITLE			☐ Delete	Tiffu	£		***********************	☐ Change	Addition
NAME CTREET ADDRESS	1			NAN	1				-
STREET ADDRESS COLY+S1-21P				R	EET ADORESS '-SI-ZIP				
12. Thereby	L	e information summitted will	this filing does not are	dify for the eve	emption stated in 9	Section 119 67/3	(i) Florida Stabet-	1 Sighas parish that the 1	
12. Thereby cartify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is five and accurate and charmy signature shall have the same legal effect as if made under path; that I am an office; 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 Slock 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.									