2004 FOR PROFIT CORPORATION

Apr 16, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P97000053625** 04-16-2004 90111 047 ***150.00 DNT COLLECTION, INC. Principal Place of Business Mailing Address とりしただいだみ 8221 GLADES ROAD 8221 GLADES ROAD SUITE 101 **SUITE 101** BOCA RATON, FL 33434 BOCA RATON, FL 33434 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0762013 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent MATALIA POTAPOV AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES, FL 33134 8221 GLADES RD 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D D TITLE X Delete TITLE DARIA POTAPOV 8221 GLADES RUAD POTAPOV, TIMOFEI NAME NAME STREET ADDRESS 8221 GLADES ROAD STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434 CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition POTAPOVA, NATALIA NAME 8221 GLADES ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434 City-St-7IP TITLE__ ☐ Delete . _ Change _ _ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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.

FILED