

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000060382**

1. Entity Name  
**DFB ENTERPRISES, INC.**



Principal Place of Business  
**3907 N. FEDERAL HWY  
STE 184  
POMPANO BCH, FL 33064**

Mailing Address  
**3907 N. FEDERAL HWY  
STE 184  
POMPANO BCH, FL 33064**



**DO NOT WRITE IN THIS SPACE**

07052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0767832**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PHILY, FRANCES  
1408 SW FIRST AVE  
DEERFIELD BCH, FL 33441**

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

1000000371660

07/08/05-80014-008 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME PHILY, DONALD  
STREET ADDRESS 1408 SW FIRST AVE  
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE VD  
NAME PHILY, FRAN  
STREET ADDRESS 1408 SW FIRST AVE  
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE STD  
NAME CARUSO, ROBERT N  
STREET ADDRESS 910 SOUTHEAST 11TH STREET  
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:

*FRAN PHILY* **FRAN PHILY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 7, 2005* **July 7, 2005 954-421-6112**

Date

Daytime Phone #