

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90045 034 ***150.00

DOCUMENT # P97000068058

1. Entity Name
C.D.D. LIMITED INC.



Principal Place of Business 1311 S. POURLINE RD. 1325 SOUTH POMPANY PKWY, BAY 10 & 11 POMPANO BEACH, FL 33069	Mailing Address SHOPS OF PALM WAY 1325 SOUTH POMPANY PKWY, BAY 10 & 11 POMPANO BEACH, FL 33064
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44061011



2. Principal Place of Business 1311 S. POWERLINE RD. Suite, Apt. #, etc.	3. Mailing Address 1311 S. POWERLINE RD. Suite, Apt. #, etc.
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03232004 Chg-P CR2E034 (10/03)

City & State POMPANO BEACH FL.	City & State POMPANO Bch FL.
Zip 33069	Zip 33069
Country FL	Country

4. FEI Number 65-0770929	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**DE NATALI, CANDIE
SHOPS OF PALM WAY
1325 SOUTH POMPANY PKWY, BAY 10 & 11
POMPANO BEACH, FL 33064**

7. Name and Address of New Registered Agent
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 *Candie DiNatali* *president* *3/24/04*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME DI NATALI, CANDIE	
STREET ADDRESS 7100 NW 71 AVE.	
CITY-ST-ZIP TAMARAC, FL 33321	
TITLE VPD	<input type="checkbox"/> Delete
NAME DI NATALI, DOMINCI	
STREET ADDRESS 7100 NW 71 AVE.	
CITY-ST-ZIP TAMARAC, FL 33321	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE *Candie DiNatali* *Candie DiNATALI* *3/24/04* *954-973*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #