2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000088485

1. Entity Name
DIGITAL COLOR TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
12399 SW 53RD ST BLDG 100- STE 102 COOPER CITY, FL 33330	12399 SW 53RD ST BLDG 100- STE 102 COOPER CITY, FL 33330

07142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0790041
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ASHBY, CHARLES
12399 SW 53RD ST
BLDG 100- STE 102
COOPER CITY, FL 33330

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

U00000168877
08/02/04-80001-008 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HANDIS, GARY
STREET ADDRESS	23444 MIRABELLA CIR SO
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	S
NAME	ROGGIO, JAMES
STREET ADDRESS	954 MADISON PL
CITY-ST-ZIP	MERRICK, NY 11566
TITLE	D
NAME	LATREILLE, RAOUL
STREET ADDRESS	3801 S. OCEAN AVE. PH-E
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	V
NAME	BENDER, ROBERT
STREET ADDRESS	180 WEST END AVE #30E
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DATE ENTERED
APPROVAL
DATE PAID
CHECK #
AMOUNT

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)(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 added, with an address, with all other like empowered.

SIGNATURE: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #